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MEDICAL STATUS OF MARSHALLESE ACCIDENTALLY EXPOSED TO 1954 BRAVO FALLOUT RADIATION: JANUARY 1985 THROUGH DECEMBER 1987

William H. Adams, M.D., Peter M. Heotis, and William A. Scott

The Medical Research Center

Brookhaven National Laboratory

Upton, L. I., New York

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DEDICATION

This report is dedicated to the captain and crew of the M.V. Liktanur. For ten years the Liktanurs II and III have served as home and workplace for much of each medical mission to the Marshall Islands. Throughout this time it has been the good fortune of the medical program to have the excellent support of the ship's crew. More importantly, that good fortune was extended to the population served by the medical team; the emergency rigging of oxygen tanks to treat hypoxic patients, lighting of a small airstrip at night to facilitate an emergency air evacuation, radio liaison, transport of patients between the atolls and to and from shore, and the emergency repair of medical equipment are just some of the nonnautical activities that benefited the medical missions. Now, a new support vessel for work in the Marshall Islands has come under contract to the Department of Energy. Therefore, on the departure of the Liktanur, we would like to acknowledge our debt to Capt. Keith Coberly; Monroe Wightman, engineer; Jim Whitney and Jan Kocian, first mates; Cisco Peru, cook; Les Nunes, boatswain; Tony Ned and Mathan Almen, seamen; and other crew members who, for shorter periods, also contributed to the effectiveness of the missions. We thank them for a job well done.

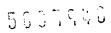
IN MEMORIAM

Two former members of the Brookhaven medical team who participated in several surveys died during the past year. Colonel Austin Lowrey, Jr., died at the age of eighty-six. He was a well-known ophthalmologist with a long career in the army. He was a most kind and generous person and contributed a great deal to the evaluation of possible radiation effects on eyes. Dr. Leo Meyer, who died at age eighty-two, was a well-known hematologist and was Director of the Sickle Cell Anemia Program of the Veterans' Administration. He made outstanding contributions to the program in evaluating hematological radiation effects. Leo will be remembered for his joviality, for always having a joke ready to cheer us. Both of these men were well liked by medical teams and the Marshallese people, and we shall truly miss them.

Robert A. Conard, M.D. January 23, 1989

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INTRODUCTION

This report updates, through 1987, the medical findings on a population of Marshallese accidentally exposed to radioactive fallout in 1954. The Marshall Islands Medical Program of the Medical Department, Brookhaven National Laboratory, issues these summaries for distribution to institutions and individuals worldwide who are concerned about the adverse medical consequences of radiation exposure in general or, in particular, the plight of the radiation-exposed Marshallese.

The exposed Marshallese population originally comprised 64 persons on Rongelap Atoll who received an estimated 190 rads of whole-body external gamma radiation, 18 on Ailingnae Atoll who received 110 rads, and 159 on Utirik Atoll who received 11 rads. In addition, there were 3 fetuses on Rongelap, 1 on Ailingnae, and 8 on Utirik, each of which received equivalent whole-body doses. Because of radioiodines in the fallout, the thyroid gland received an additional exposure that was much greater than the whole-body dose, although its magnitude was, in part, a function of age at the time of exposure (Lessard et al., 1985).

The content of this report is restricted to the more recent medical findings, some aspects of which bear on late effects of radiation exposure. Those features of the Marshall Islands Medical Program by which medical diagnosis and treatment are provided are discussed. For detailed information on the nature of the 1954 fallout and the acute effects suffered by the population, the reader is referred to several earlier publications (Bond, et al., 1955; Cronkite et al., 1955; Cronkite et al., 1956; Conard et al., 1957). Other reports provide reviews of delayed effects of the exposure (Conard et al., 1980; Conard, 1984; Robbins and Adams, 1989).

EXPOSURE GROUPS

The medical program examines and treats about 800 persons annually. However, the populations on which this report is based include only the exposed persons and a selected group of unexposed individuals. In December 1987, the number of exposed persons was: Rongelap 50, Ailingnae - 12, and Utirik - 112. For most purposes in this report the Rongelap and

Ailingnae groups are combined and referred to as the Rongelap group, for those persons exposed on Ailingnae atoll were visiting from nearby Rongelap at the time of the fallout. Also examined was the Comparison group that dates from 1957 when 86 unexposed people from Rongelap were selected so that the Comparison group approximated, in age and sex distribution, the exposed Rongelap group (Conard et al., 1958). Sixty persons remain in this group, against which the overall survival of the exposed population is compared (Figure 1). However, a larger unexposed group is also followed. Currently numbering 135, the age and sex distributions of its members were statistically similar to those of the Rongelap and Utirik groups in 1982 (Adams et al., 1983). Included among the 135 are most of the remaining 60 individuals selected in 1957. It is this expanded unexposed population that is used for statistical comparisons of year-to-year medical events; this provides the baseline prevalences from which any unexpected consequences of the radiation exposure can be identified.

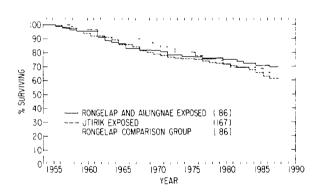


Fig. 1: Percent survivors of the different exposure groups since 1964. The number of persons in each group are given in the parentheses.

THE MARSHALL ISLANDS MEDICAL PROGRAM

Policies:

The Marshall Islands Medical Program provides medical care twice yearly to the exposed population by visiting the islands where most now reside, namely Rongelap (and, temporarily, Mejato), Utirik, Ebeye, and Majuro. In addition, the medical team provides health care to a con-

siderable number of unexposed persons. All the inhabitants of Rongelap, Mejato, and Utirik are eligible for medical attention at the time of the team visits to those islands. Team physicians need not be aware of the status of radiation exposure of the individual patient because health care delivery is the same for everyone. The only difference allotted to the exposed population is a U.S. Department of Energy-sponsored referral system to the Marshallese health care system or to tertiary care facilities in the United States for diseases that can reasonably be considered to be radiation-related or for diagnosis of such diseases. Unexposed persons are directed into the referral channels of the Health Services of the Republic of the Marshall Islands whereby referrals are assigned on the basis of priorities set by a medical committee in Majuro.

Any exposed person who has, or who might have, a malignant neoplasm, is referred to secondary or tertiary medical facilities for a definitive evaluation and for therapy if a lesion is found. The usual hospitals to which patients are referred are in Honolulu and Cleveland, the latter because of the presence there of a preeminent thyroid surgeon who has long been involved with the exposed and Comparison groups of Marshallese.

The medical program also dispenses primary medical care and preventive medical services, such as immunizations, during visits to the exposed population. In bringing modern facilities for diagnosis and treatment of disease to the exposed Marshallese, the physicians of the medical program come into contact with children and other family members of the exposed, as well as other inhabitants of the islands. It has been the policy of the Department of Energy to support the medical program in its efforts to provide primary medical care to these individuals on the basis of humanitarian need and as resources permit.

The medical direction of the Marshall Islands Medical Program and the organization of the medical missions to the Marshall Islands are centered at Brookhaven National Laboratory. The staff of the program includes a physician-director, an administrator, and a technical specialist at the Laboratory, and a Marshallese laboratory technician on Ebeye. At the time of the missions a variety of physicians are chosen for the medical team. They are skilled volun-

teers, primarily faculty from medical schools, often with past experience with the program. Logistical support is provided by the Department of Energy, capably facily ated by Holmes and Narver, Inc., Honolulu, Hi. The Marshall Islands government, as requested, temporarily assigns nurses, translators, and other health care workers to each mission.

Although there are two medical missions each year, in the interim the exposed population has access to the Marshallese health care system. To expedite exchange of medical information, copies of all examination and laboratory data from the Marshall Islands Medical Program are forwarded to the Marshall Islands Health Service hospitals on Ebeye and Majuro and to the special programs set up for persons from the radiation-affected atolls, currently the 177 Health Care Plan with administrative offices at the Majuro hospital. In addition, copies of the examinations and laboratory data are given to the examinees.

A computer program with data base was developed for portable (lap-top) computers. Computerization of the clinical data permits rapid access while in the field to all findings obtained during the preceding five years of examinations and to selected data collected over more than thirty years. It is hoped that in the near future the development of compatible programs by the Marshallese 177 Health Care Plan will permit sharing of up-to-date problem lists and other medical record items that are important to effective continuity of care.

The Marshall Islands Medical Program, as a satellite clinic of the Clinical Research Center, Brookhaven National Laboratory, is accredited by the Joint Commission on Accreditation of Healthcare Organizations, a nationwide organization that sets standards of performance for institutions dispensing medical care and monitors compliance with those standards. By voluntary participation in the accreditation process, the Marshall Islands Medical Program receives a valuable and impartial external review of its policies and procedures, as well as an assessment of the adequacy of the services it provides. Laboratory and radiological services, medical records, patient satisfaction, pharmaceutical services, and clinical competence of physicians are among the many items reviewed by the Joint Commission.

Much medical data unrelated to radiation exposure is acquired during each medical mission. Some of this information, from exposed and unexposed individuals, is relevant to health care throughout the Marshall Islands. Consequently, public health reports, based on medical team observations unrelated to radiation, have been submitted periodically to the Health Services of the Republic of the Marshall Islands. The topics during this reporting period have included the following:

- 1) Serum lipids in Marshallese
- 2) Pediatric growth and development (an analysis prompted by observations of medical team physicians that Rongelap children, following their transfer to Mejato, were not maintaining their positions on charted growth curves)
- 3) Pediatric audiometry
- 4) Dental conditions on Rongelap and Utirik
- 5) Chlamydia infections in Marshallese women
- 6) Large optic disks (a relatively frequent finding by medical team ophthalmologists)

Some significant observations in these and earlier public health reports were published in medical journals. Moderately elevated serum uric acid levels were noted in many Marshallese and the frequency of this finding and that of gout were analyzed (Adams et al., 1984). Toxoplasmosis was identified as a serious health hazard in the Marshall Islands, with an estimated 200 persons being visually impaired and an incidence of chorioretinitis of 273 cases/ year/100,000 seropositive persons (Adams et al., 1987). Hepatitis B, the subject of a serological survey described in a previous Brookhaven National Laboratory report (Adams et al., 1985), constituted another serious public health problem (Adams et al., 1986). The prevalence of anemia in children was described, and normal ranges for hemoglobin level and erythrocyte mean corpuscular volume for Marshallese children were derived (Dungy et al., 1987). The latter were found to be identical to those of children in the United States. Because of the devastating effects of diabetes mellitus among the Marshallese, an effort was made to determine if a dietary deficiency of chromium, a trace element that is relevant to glucose tolerance, contributed to the problem. The analytic procedure used was too insensitive to quantitate blood levels of chromium, but during the analysis it was found that bromine levels were higher than those reported for any other population (Wielopolski et al., 1986). The reason for this is unknown; further, the levels of bromine that were detected fall far short of its known toxic levels. The observation by team ophthalmologists of large optic disks in many persons prompted another report to the Marshallese Health Services because the associated increase in disk cupping could be misconstrued by physicians as representing glaucoma. The high prevalence of the condition indicates Marshallese are unique among all populations in whom such measurements have been obtained (Maisel et al., 1989).

Procedures:

The exposed population, which now numbers 163, must be considered at increased risk for malignant disease as a late complication of radiation injury. Therefore, the medical program has in place a cancer-oriented annual health evaluation. The examination follows the guidelines of the American Cancer Society and includes a medical history, complete physical examination, advice on decreasing risk factors for cancer, advice on self-detection of lesions, annual pelvic examinations and Papanicolaou smears, stool testing for blood, blood count, and urinalysis. Several new diagnostic procedures were incorporated into the medical missions in the past three years. Because of the development of x-ray films and cassettes that significantly decrease radiation exposure, annual mammography is offered to all exposed women and to all unexposed women forty years of age or older. For persons over the age of fifty years, flexible sigmoidoscopy is offered every three years or whenever clinically indicated. An ultrasound machine has been acquired that greatly increases the diagnostic capabilities of the medical team, especially in managing acute problems seen at the time of team visits. For thyroid diagnosis, needle biopsy of selected thyroid nodules has been instituted in an effort to avoid surgery and the subsequent loss of normal thyroid tissue in patients with benign nodular lesions. Because of earlier medical program observations it is known that the exposed are at greater risk for certain endocrine problems and for this reason they receive annual thyroidfunction blood tests and thyroid examinations by a specialist in endocrinology or thyroid surgery. Other tests are performed on a regular basis in an attempt at early detection of malignant nonthyroidal lesions. There is also ongoing monitoring for clinical evidence of immune competence, for exposed persons may be at increased risk for unusual manifestations of infectious diseases.

Medical examinations and services performed during this three-year reporting period were conducted primarily aboard the Liktanur II and the Liktanur III, vessels chartered from U.S. Oceanography. Exceptions, as in the past, included the use of Brookhaven National Laboratory facilities on Ebeye and, when necessary, Marshallese medical dispensaries on Rongelap, Utirik, and Mejato. Laboratory support during the medical missions is provided by several technicians. Routine blood counts are performed on a J.T. Baker 5000 electronic particle counter and sizer. Leukocyte differentials and phase contrast platelet counts are part of each hemogram. A variety of nonhematological testing services is provided, including bacteriology, stool examination, and urine testing. In the past a battery of manual clinical chemistry tests was carried out using commercial spectrophotometric kits. Recently, however, Eastman-Kodak's DT-60 and DTSC analyzers were added to increase the variety of chemistry tests available in the field and to improve the turn-around time for results; this has significantly improved laboratory operation. Fortunately, there have been few problems associated with transport, operation, and handling of the new equipment on board ship, even during bad weather. A Beckman Electrolyte 2 analyzer is used to measure sodium and potassium in serum and urine. Roentgenographic services are performed with a Bennett standard x-ray unit and mammography unit, both of which are contained in a separate module on the deck of the ship. Serum is usually collected from most examinees and frozen for subsequent testing. Referral laboratories have included Bio-Science Laboratories and Accupath in Honolulu for special chemistries and serologies; Pathologists' Laboratories, Inc., Honolulu, for Papanicolaou smears and other cytology; Brookhaven National Laboratory's clinical laboratory for general chemistry and alpha fetoprotein analysis; Hazelton Biotechnologies Co., Vienna, VA, for hormone assays; Michael Reese Hospital and Medical Center (Dr. A. B. Schneider, Department of Endocrinology and Metabolism), Chicago, for thyroglobulin analysis; Medical Microbiology Division, University of California, Irvine, for chlamydia culture and serology; and the Eugene L. Saenger Radioisotope Laboratory, University of Cincinnati, for antimicrosomal and antithyroglobulin antibody testing (Dr. Harry Maxon).

The Marshall Islands Medical Program is deeply indebted to the many outstanding physicians who, despite the inevitable personal inconvenience, participated in the medical team visits of 1985-1987. It is fair to say that they are the heart of the program. Drawn from excellent medical centers throughout the United States and from private practices, these physicians provide the program with a wide range of up-to-date clinical experience and perspective that contribute to better patient care. The physicians involved in the 1985-1987 missions are listed in Appendix A, and represent the following medical specialties:

Internal Medicine
Pediatrics
Infectious Disease
Cardiology
Obstetrics/Gynecology
Ophthalmology
Endocrinology
Surgery
Gastroenterology
Family Practice
Geriatrics
Allergy/Immunology
Dermatology
Neurology
Pediatric Dentistry

The participation of many excellent medical specialists undoubtedly has been a major factor in the acceptance of the Marshall Islands Medical Program by the population it serves. The percent of persons in the exposed and Comparison groups who appear for the voluntary examinations remains high. For the current reporting period the annual acceptance rates were:

	1985	1986	1987
Rongelap	82%	93%	95 %
Utirik	92%	92%	90%
Comparison	76 %	66%	72%

The percent of the eligible population examined on at least one occasion during the three year period was:

 Rongelap
 97%

 Utirik
 100%

 Comparison
 94%

These figures do not include several persons residing outside the Marshall Islands. Most exposed persons in this category have medical examinations arranged through a local physician by the Department of Energy or the Marshall Islands Medical Program. The acceptance rate for mammography among eligible women was 100%. For sigmoidoscopy, about 50% of ageligible persons elect to undergo this procedure on a regular basis.

MEDICAL FINDINGS

Overall Survival:

After thirty-three years there continues to be no significant difference in the survival curves of the high-exposure Rongelap group, the lowexposure Utirik group, and the unexposed Rongelap population followed for the purpose of comparison (Fig. 1). Estimates of the survival distribution by the actuarial life table method were analyzed by Mantel-Cox and Breslow statistics for testing the equality of the survival curves. The "p" values were 0.68 by both techniques. In the Brookhaven National Laboratory report covering January 1983 through December 1984, it was noted that Okajima et al. (1985) suggested that medical programs providing health screening might lead to an underestimation of the effect of radiation on mortality. In particular, it was postulated that this could explain the lower age-specific death rates from all causes among Nagasaki A-bomb survivors, compared to a control population. The effect of medical examinations on the survival of the exposed Marshallese is unknown. On the one hand about 15 percent of the Comparison group selected in 1957 is no longer seen because those individuals have voluntarily foregone examination. In addition, BNL referrals for the Comparison group are channeled into the Marshallese Health Services system, whereas selected medical problems in the exposed groups can be referred directly to tertiary care facilities in the United States. The other hand, the exposed populations of Rongelap and Utirik have received

equivalent medical attention from the BNL program since 1972, and yet, despite the far higher radiation dose received by the Rongelap group, the survival curves are similar.

Another factor that contributes to the difficulty in interpreting differences in the group survivals in Fig. 1 is that the population used to construct the "Rongelap unexposed" curve was selected in 1957, and it is in that year that their survival is graphed as one-hundred percent; i.e., data from three years of observation, during which some deaths occurred, had already been acquired from the two exposed populations.

Causes of Recent Mortality:

The number of deaths occurring in the last three years are as follows: Rongelap exposed - 2; Utirik exposed - 9; Comparison group - 10. The specific clinical situations are described below.

Rongelap

Subject No. 1. The causes of death listed on the death certificate of this 81-year-old woman in June 1985 were "Inanition" and "Senility." When seen in March 1985, she had a normal blood pressure and cardiac examination revealed "premature beats." In 1984 she was noted to have cataracts, atrial fibrillation, and complaints of urinary incontinence, some cough, constipation, and joint pains. Her hemoglobin was 12.7 g/dl, the mean corpuscular volume was 92 fl, and the white blood cell count was 6,600 per ul with a normal differential.

Subject No. 11. This 81-year-old man died in 1987 of unknown cause. Diagnoses made during the preceding four years included severe osteoarthritis, chronic obstructive pulmonary disease with bullous emphysema, macrocytic anemia that was being treated with vitamin B12 injections, cataracts, and "organic brain syndrome." He had declined a medical examination when visited at his home in September 1986, but did not appear acutely ill at that time.

Utirik

Subject No. 2123. This 47-year-old man died in December 1986 from biopsy-proven hepatocellular carcinoma. His alpha fetoprotein level was elevated and the serum contained hepatitis B surface antigen but no delta antibody. No evidence of tumor was found at his March 1986 examination. Symptoms related to the tumor developed in June of that year.

Subject No. 2125. This patient died in 1987 from carcinoma of the lung with brain metastases at age 70. He had been referred to a Honolulu hospital for evaluation of guaiac-positive stools in October 1986. A chest x-ray was negative at the time of referral. No serious problems were detected during his Honolulu examination, but respiratory symptoms from the tumor developed in January 1987. He had been a cigarette smoker, and was felt to have severe chronic obstructive pulmonary disease with recurrent bronchitis.

Subject No. 2128. This 39-year-old woman had diabetes mellitus complicated by chronic renal failure, severe diabetic retinopathy and neuropathy, and anemia (hemoglobin 9.4 g/dl in October, 1984). She died in a Honolulu hospital after emergency air evacuation from Utirik. Diagnoses made at the hospital included hypoglycemic and hypoxemic brain damage, diabetes mellitus treated with insulin, anemia secondary to renal failure, and sepsis.

Subject No. 2164. "Postpartum hemorrhage" and "uterine inertia" were listed on the death certificate of this 42-year-old woman in February 1985. Previous problems included obesity and possible gout. A blood count in March 1984 was normal.

Subject No. 2189. This 59-year-old woman died in 1987 from chronic renal failure due to diabetes mellitus. Her serum creatinine in March 1986 was 10.9 mg/dl and the hemoglobin level was 7.7 g/dl.

Subject No. 2200. "Inanition" and "senility" were the death certificate diagnoses for this 72-year-old woman who died in December 1985. A thyroid nodule had been noted at least since 1977 but the patient "appeared to be a poor surgical risk." Her hemoglobin level was 11.6 g/dl and the white blood cell count was 6,200 per ul. A left breast mass had been noted since 1966, but the patient had declined biopsy and surgery. She said the mass had been present since youth.

Subject No. 2212. This 66-year-old woman died in 1987 from chronic renal failure due to diabetes mellitus. She was evaluated at Kwajalein hospital in 1985 and noted to have renal failure, hypertension, and anemia. When evaluated by physicians of the 4-Atoll Healthcare

Program she was not felt to be a candidate for dialysis, and her family agreed to supportive management.

Subject No. 2218. The death certificate diagnosis on this 34-year-old woman in September 1985 was "congestive heart failure." When examined in March 1985, the only significant abnormality had been a urinary tract infection for which she was given an antibiotic, although asthma had been noted in the past. The patient was late in pregnancy at the time of her demise and was, on the basis of history obtained from the 4-Atoll program physicians, probably eclamptic.

Subject No. 2249. This woman died at age 57 in February 1986 from complications directly arising from local extension of a "malignant meningioma." A description of this patient and the tumor was presented in a previous BNL report (Adams et al., 1983) following the original diagnosis in 1982.

Comparison group

Subject No. 814. The death certificate diagnosis in June 1985 for this 33-year-old man was pneumococcal meningitis confirmed by culture. He worked on Kwajalein and died in Kwajalein hospital after being transferred from Ebeye hospital. His most recent BNL medical examination had been in April 1983, when problems of smoking and heavy alcohol consumption were noted. His blood count was normal at that time.

Subject No. 821. This 38-year-old woman died in 1986 from complication of childbirth, her death certificate diagnosis being "postpartum hemorrhage." When seen in April 1986 she was 22 weeks into her thirteenth pregnancy. No significant abnormalities were noted at that time.

Subject No. 842. The death certificate diagnosis on this 61-year-old man in March 1986 was "liver failure due to hepatoma." The only active problem noted in his last BNL medical examination in March 1985 was chronic low back pain. A routine sigmoidoscopic examination was normal except for the presence of hemorrhoids. Hepatitis B surface antigen was not detected in his serum, but antibody to the surface antigen was present.

Subject No. 846. This 63-year-old woman underwent a bone marrow aspiration in March

1986 for evaluation of anemia and leukopenia. The diagnosis of refractory anemia with excess blasts was made and subsequently confirmed in Honolulu at the Straub Clinic ("myelodysplastic syndrome with an evolving acute nonlymphocytic leukemia"). She died in 1986.

Subject No. 928. The cause of death in 1987 of this 73-year-old woman is unknown. When last seen by the BNL medical team in Majuro in March 1986, no serious medical illnesses were noted. She had been moderately anemic for several years (hemoglobin level between 10.5 and 11.5 g/dl), and a flexible sigmoidoscopic examination in 1985 was normal. No gastrointestinal blood loss was documented in recent years.

Subject No. 950. This 40-year-old woman died in Kwajalein hospital in August 1985. The death certificate diagnoses were essential hypertension and intracerebral hemorrhage. She had been known to be hypertensive for 13 years and was followed in the hypertension program of the Trust Territories.

Subject No. 969. The clinical diagnosis in this 69-year-old man was either metastic tumor to the lung or pulmonary tuberculosis. However, the 1987 death certificate diagnoses were "congestive heart failure" and "pneumonia." Sputum cultures for *M. tuberculosis* were negative and there was no clinical response to antituberculous therapy.

Subject No. 975. When splenomegaly and thrombocytopenia were detected in March 1984, this 65-year-old man was referred for further evaluation. A lymph node biopsy in October 1984 showed "atypical lymphoepithelioid cell proliferation of uncertain etiology," possibly a lymphoma. He died in 1985 and details of the terminal illness could not be obtained.

Subject No. 991. This 78-year-old woman died in January 1986. Death certificate diagnoses included "septicemia, diabetes mellitus, and chronic renal failure from diabetic nephropathy." She had a mid-calf amputation of the right leg some six years earlier and was being followed at the Ebeye hospital. Her most recent BNL medical examination was in 1981.

Subject No. 1050. Colon carcinoma with hepatic metastases is the death certificate diagnosis in March 1985 for this 50-year-old woman.

This diagnosis was made after she was referred to Majuro for evaluation of a possible abdominal mass detected in June of 1984.

Laboratory Findings:

A review of average blood cell counts of the different exposure groups during the three-year reporting period does not reveal any systematic differences among groups. Figure 2 is a continuation graph in which the exposed groups are portrayed in relation to the Comparison group. Table 1 gives the actual mean counts of formed blood elements of the different groups and identifies counts which differed significantly from those of the Comparison group.

Biochemical test results are listed by individual identification number in Appendix B.

Neoplasms:

Thyroid nodules

Surgery for palpable thyroid nodules was performed on five persons in 1985 and one person in 1986. No new lesions were detected in 1987. The specific diagnoses, determined by an expert panel of pathologists, are listed in Table 2, and Table 3 gives a summary of all nodules diagnosed throughout the medical program. The benign thyroid nodules include adenomas, adenomatous nodules, and occult papillary carcinomas. The adenomatous nodules are included in the tabulation even though it is highly debatable that they are true neoplasms. The occult papillary carcinomas are, with rare exceptions, "harmless tumors" (Sampson, 1976). A recently reported autopsy series from the Federal Republic of Germany found occult papillary carcinomas in 6.2% of 1020 thyroid glands. Almost half of the tumors were multicentric and 14% had regional lymph node metastases (Lang et al., 1988). Since there was no predilection for age it was concluded, as in earlier studies, that occult papillary carcinomas have no propensity to cause clinically apparent thyroid disease. However, controversy continues on how the clinical diagnosis of occult papillary carcinoma is to be made (Schneider et al., 1980), and some authorities would accept that diagnosis only if the tumor were an incidental finding at surgery. Since some of the purported occult papillary carcinomas removed from the Marshallese patients presumably were palpable before surgery, there may by differing opinions on their clinical, if not histologic, classification.

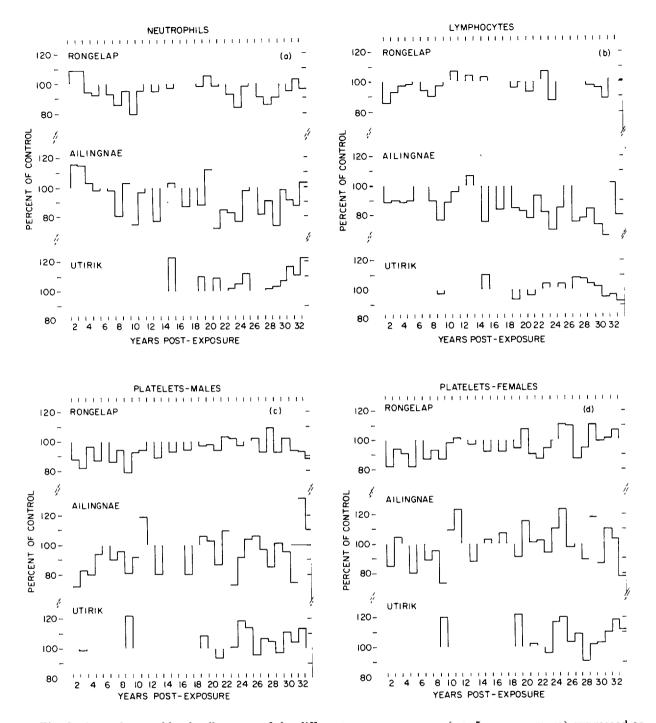


Fig. 2: Annual mean blood cell counts of the different exposure groups (age 5 years or more) expressed as percent of control, beginning two years after exposure. Values for both sexes are grouped for neutrophils and lymphocytes. Detailed annual observations, including blood cell counts, on the Utirik population did not begin until 1973. Leukocyte differentials and platelet counts were not obtained for six and five of the examinations, respectively, but for graphing purposes the 100% line has not been broken at those years.

TABLE 1:

	Comparison	Rongelap Exposed	Utirik Exposed
	Comparison	Rongelap Exposed	Othik Exposed
LEUKOC			
1985		$6731 \pm 1775 (n=48)$	$7985 \pm 1957* (n=100)$
1986	, ,	$7231 \pm 2060 (n=54)$	$7684 \pm 2023 (n=98)$
1987	$7690 \pm 1843 (n=78)$	$7418 \pm 1675 (\text{n}=49)$	$8434 \pm 3195 (n=90)$
NEUTRO	PHILS		
1985	3948 ± 1433	3716 ± 1524	$4606 \pm 3948*$
1986	3786 ± 1396	3771 ± 1648	4188 ± 1570
1987	3998 ± 1427	$3825\ \pm\ 1434$	$4926 \pm 2984^*$
LYMPHO	OCYTES		
1985	2739 ± 883	$2345 \pm 860*$	2607 ± 915
1986	2785 ± 1131	2811 ± 981	2691 ± 927
1987	2972 ± 950	2915 ± 863	2749 ± 1054
MONOC	YTES		
1985	309 ± 168	$229 \pm 127^*$	321 ± 177
1986	294 ± 189	301 ± 169	361 ± 251
1987	$323~\pm~240$	$307~\pm~203$	$429 \pm 311^*$
BASOPH	IILS		
1985	$.12 \pm 35$	18 ± 38	12 ± 32
1986	40 ± 57	$47~\pm~59$	60 ± 74
1987	$53~\pm~70$	53 ± 58	63 ± 71
EOSINO	PHILS		
1985	261 ± 216	284 ± 207	$273~\pm~238$
1986	365 ± 426	$297~\pm~310$	343 ± 322
1987	$310~\pm~267$	293 ± 326	$238~\pm~239$
PLATEL	ETS, MEN		
1985	$261 \pm 75 (\text{n=38})$	$242 \pm 57 (\text{n}=20)$	$271 \pm 51 (n=45)$
1986	$252 \pm 54 (n=33)$	$240 \pm 43 (\text{n}=24)$	$289 \pm 66*(n=43)$
1987	$266 \pm 76 (\text{n=35})$	$240 \pm 54 (n=20)$	$266 \pm 55 (\text{n=41})$
PLATEL	ETS, WOMEN		
1985	$271 \pm 61 (n=56)$	$277 \pm 66 (\text{n}=28)$	$299 \pm 72* (n=55)$
1986	$276 \pm 71 (n=44)$	$291 \pm 84 (n=30)$	$328 \pm 81* (n=55)$
1987	$273 \pm 67 (\text{n=47})$	$261 \pm 51 (n=28)$	$308 \pm 73* (n=49)$
HEMOG	LOBIN, MEN		
1985	14.5 ± 1.4	14.8 ± 0.8	14.9 ± 1.2
1986	14.9 ± 1.6	14.7 ± 1.0	15.3 ± 1.3
1987	14.4 ± 1.1	$14.6~\pm~1.1$	$15.2 \pm 1.3*$
немоб	LOBIN, WOMEN		
1985	13.0 ± 1.2	12.9 ± 1.2	$12.6 \pm 1.2*$
1986	13.0 ± 1.6	13.1 ± 1.4	12.8 ± 1.6
1987	13.1 ± 1.3	$13.3~\pm~0.8$	13.0 ± 1.2

^{*}Significantly different, by t-test analysis, from equivalent values of the Comparison group. The only level of significance tested was p < 0.05.

TABLE 2: THYROID SURGERIES, 1985-1987

Identification Number & Group	Age at Diagnosis	Sex	Year of Surgery	Consensus Diagnosis*
67 - Rongelap	45	F	1985	Papillary/follicular carcinoma plus occult papillary carcinoma
822 - Comparison	41	M	1985	Normal
2172 - Utirik	45	F	1985	Follicular adenoma
2172 - Utirik	34	F	1985	Occult papillary carcinoma
2225 - Utirik	39	F	1985	Adenomatous nodule
2251 - Utirik	37	F	1986	Follicular adenoma plus occult papillary carcinoma

^{*} Majority diagnoses, based on interpretations by: Dr. L.V. Ackerman, Health Sciences Center, SUNY, Stony Brook, NY; Dr. W.A. Meissner, formerly with New England Deaconess Hospital, Boston, MA; Dr. A.L. Vickery, Massachusetts General Hospital, Boston, MA; Dr. L.B. Woolner, Mayo Clinic, Rochester, MN.

TABLE 3: THYROID NODULES DIAGNOSED AT SURGERY THROUGH 1987

	Adenomatous nodules	Adenomas	Papillary cancers	Follicular cancers	Occult cancers
Rongelap (67)*	17	2	5	-	1
Ailingnae (19)*	4	-	-	-	1
Utirik (167)*	11	4	4	1 * * *	5
Comparison (227)**	4	1	2	-	2****

NOT INCLUDED are the following unoperated (and therefore unconfirmed) nodules: Rongelap — 1; Ailingnae' — 1; Utirik — 1; Comparison — 5.

INCLUDED are all consensus diagnoses of a panel of consultant pathologists; two different lesions were detected in one person from Rongelap, one from Ailingnae, and two from Utirik.



^{*} Number of persons (including those in utero) who were originally exposed.

^{**} This number includes all persons who have been in the Comparison group since 1957 (see page 18). Some have not been seen for many years; others were added as recently as 1976

^{***} Equally divided opinion in one case, follicular carcinoma vs. atypical adenoma

^{****} Majority opinion in one case; occult papillary carcinoma vs. follicular carcinoma. The same patient had lymphocytic thyroiditis.

The cumulative experience of benign plus malignant nodule development as a function of age at exposure shows clearly the increased susceptibility of the younger population to nodule induction (Fig. 3). Most benign nodules and all the thyroid carcinomas have occurred in females. It was noted (Robbins and Adams, 1989) that the prevalence of thyroid carcinomas compared to benign nodules (15%) was lower than that reported following medical x-ray therapy (about 30%).

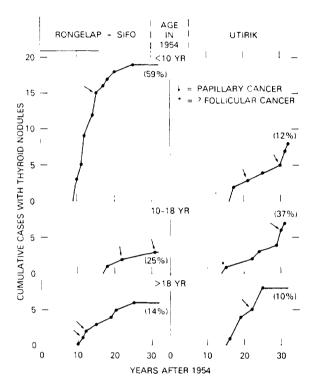


Fig. 3: The accrual of cases with thyroid nodules and thyroid cancer in the exposed Rongelap population as a function of age at the time of exposure in 1954. The <10 year group includes exposure in utero. Two cases of thyroid atrophy without nodule formation (2 Rongelap boys, <10 years of age) are excluded. (Figure taken from Robbins and Adams, 1989).

It appears that there is an inverse correlation between the radiation dose absorbed by the thyroid and the time after exposure for development of the benign adenomatous nodules (Fig. 4). However, since the thyroid-absorbed radiation dose was determined primarily by age at exposure (children receiving greater doses than adults), another interpretation of Fig. 4 is that the time for development of adenomatous nodules following radiation exposure varies directly with age at exposure.

Nonthyroidal tumors

During the period 1985 through 1987, deaths attributable to cancer occurred in three exposed persons, all from Utirik. The types of tumors were: lung cancer, hepatoma, and meningioma. During the same period there were three cancerrelated deaths in the unexposed population, the tumor types being: colon carcinoma, hepatoma, and myelodysplastic syndrome.

Additional tumor diagnoses resulted from clinical investigation initiated at the time of medical team visits. These included a case of breast carcinoma (detected by mammography) and a case of colon carcinoma, both diagnosed in exposed Utirik women. Both lesions were surgically resected and have a high probability of being cured. In addition, an epithelioma was removed from the skin of an exposed Rongelap woman, the site of the lesion being in the approximate area of a beta burn that developed soon after the 1954 exposure. This type of lesion, also termed basal cell carcinoma, is very common in the United States and is not included in the detailed cancer statistics published by the American Cancer Society (Silverberg and Lubera, 1987). However, its frequency in Marshallese is unknown.

The development of two cases of hepatoma among the population served by the medical team requires comment. Two persons, one each from the Utirik and the Comparison groups, died from this tumor during the period covered by this report. To this number should be added the death of another Utirik man who died in 1984 from complications of cirrhosis (Adams et al., 1985), for he, like one of the hepatoma patients, had hepatitis B surface antigen detected in his serum. Studies have demonstrated an association between hepatitis B surface antigenemia and hepatoma, cirrhosis, and chronic active hepatitis (Beasley et al., 1981). Early BNL observations revealed that infection with hepatitis B virus is nearly universal among Marshallese, as it is among many tropical populations, and that serological evidence of the infection is common in childhood. In view of the two fatalities that might be causally linked to hepatitis B virus, infection with this organism must be considered a public health problem of great concern. The Marshall Islands Medical Program annually tests all persons previously shown to be hepatitis B surface antigen-positive for the presence of alpha-fetoprotein, a tumor marker for hepatoma. Should an elevated level be detected the affected subject would be promptly referred for evaluation in the hope that early detection might permit curative resection of a localized lesion (Heyward et al., 1984).

The question arises as to whether the exposed Marshallese are at increased risk for the late complications of hepatitis B. This problem was

discussed previously (Adams et al., 1986), and it was noted that the prevalence of hepatitis B surface antigenemia was 3.3% in the Rongelap group, 18.8% in the Utirik group, and 10.5% in the Comparison group. There is evidence suggesting an association between radiation dose and prevalence of cirrhosis, but not hepatoma, in survivors of the atomic bombings in Japan (Asano et al., 1982). Assuming that two of the three deaths from hepatoma and cirrhosis in Marshallese resulted from chronic hepatitis B infection, the frequency of hepatitis B-related deaths, as percent of hepatitis B surface antigen-positive persons is: exposed Rongelap - 0% (0/2); exposed Utirik - 9.5% (2/21); Comparison group - 0% (0/10).

ADENOMATOUS NODULES

AS FUNCTION OF RADIATION DOSE AND TIME

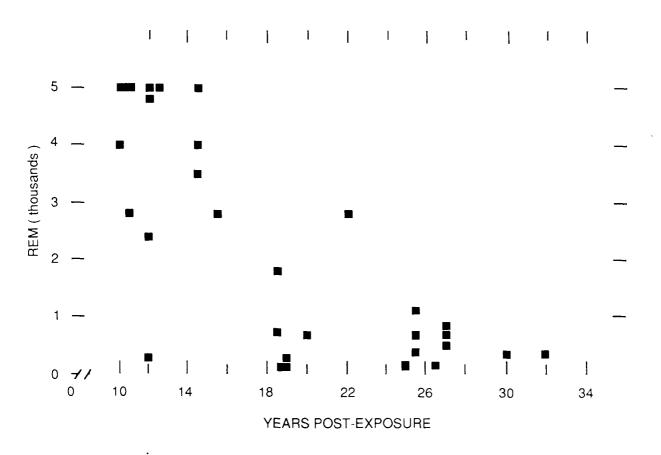


Fig. 4: The time required to develop adenomatous nodules following radiation exposure appears, in this graph, to be dose-related. However, the thyroid-absorbed radiation dose was highly dependent on the age at exposure.

Autoimmune thyroid injury:

Radiation-induced thyroid hypofunction, diagnosed in fourteen exposed Rongelap individuals, was not found to be increased among Japanese A-bomb survivors. This difference reflects the larger dose absorbed by thyroids of the Marshallese, a consequence of ingestion of radioiodines. The question arises as to whether thyroid hypofunction in the exposed Marshallese is a consequence not only of direct radiation injury, but also of immunologic damage. Immunologic studies by the Radiation Effects Research Foundation found that Japanese A-bomb survivors greater than fifteen years of age at exposure had a significant decrease in mixed lymphocyte culture response that was inversely related to radiation dose (Akiyama et al., 1987), and lymphocyte responses to phytohemagglutinin decreased more rapidly with age in persons who received more than 200 rad. However, the immunological responses of aging Japanese A-bomb survivors do not appear to have been affected by radiation exposure (Bloom et al., 1988), nor does there appear to be an increase in diseases associated with autoimmunity in the exposed Japanese population.

Immunologic damage to the thyroid is mediated, in part, by circulating autoantibodies that are apparently cytotoxic. Antimicrosomal antibodies are important in the diagnosis of autoimmune thyroiditis, a disease process commonly progressing to hypothyroidism (Frey, 1987). Antithyroglobulin antibodies are far less specific an indicator of thyroid autoimmune

disease, but are useful as a screening test. Hypothyroidism is often quite subtle and difficult to diagnose, and any marker that might identify a population at risk for subsequent hypothyroidism would be clinically useful. Therefore 231 Marshallese sera collected in March 1987 were tested for the presence of antithyroglobulin and antimicrosomal antibodies in the laboratory of Dr. Harry Maxon. Fifty-five sera were from the Rongelap-exposed, 94 were from Utirik-exposed, and 82 were from the Comparison group. Two persons had data consistent with the diagnosis of autoimmune thyroid disease (Table 4), and both were in the Comparison group. One was a 38-year-old woman who had Grave's disease with hyperthyroidism diagnosed in 1980 that was treated with 131I. Her serum contained both types of antibodies in 1980 as well as in 1987. The other person, a 32-year-old woman, had an antithyroglobulin antibody level of 35 U/l. She has Sheehan's syndrome, present since 1975 following postpartum hemorrhage. In addition, six persons had nondiagnostic but slightly elevated levels of antithyroglobulin antibodies, two from Rongelap and four from Utirik. None have clinical evidence of autoimmune thyroid disease, although three have had thyroid lobectomies for benign nodules. The lack of evidence for an increase in autoimmune thyroid disease among the exposed Marshallese is consistent with the findings of Radiation Effects Research Foundation studies. In a 30-year followup of persons less than 20 years of age at the time of exposure to the atomic bomings in Japan, no difference was detected in the preval-

TABLE 4: ANTITHYROID ANTIBODIES IN THE DIFFERENT RADIATION EXPOSURE GROUPS.

Exposure group (n)	Elevated antithyroglobulin antibodies*	Percent elevated	
Rongelap (55)	2	4%	
Utirik (94)	4	4%	
Comparison (82)	2**	2%	

^{*} The levels ranged between 6 and 11 U/1, with normal levels being ≤ 5 U/1.

^{**} One subject had elevated antimicrosomal antibodies (35 U/1) and a history of Grave's disease with hyperthyroidism.

ence of antithyroglobulin antibodies in unexposed versus exposed groups (Morimoto et al., 1987). In addition, no difference in the prevalence of chronic thyroiditis was found in children considered exposed or unexposed to radioactive fallout in Utah and Nevada (Rallison et al., 1974). Notably, in that study the prevalence of elevated titers of antithyroglobulin antibodies in children with "normal" thyroids was 4.8%. Hypothyroidism is common in aging populations, and in the Framingham Heart Study a clearly elevated thyrotropin (TSH) level was found in 4.4% of persons older than 60 years (Sawin et al., 1985a). The prevalence of antimicrosomal antibodies also increases with age: two-thirds of elderly persons with evidence of thyroid hypofunction had significant levels of antimicrosomal antibodies (Sawin et al., 1985b). The Marshallese data suggest that autoimmune thyroid disease is not common in that population, regardless of a history of radiation exposure.

NONCANCEROUS THYROID MORBIDITY IN EXPOSED MARSHALLESE

The late somatic effects of exposure to ionizing radiation have been equated with cancer induction, the ultimate measure of those effects being expressed in mortality. Since cancer mor-

tality from radiation exposure is low when compared to naturally occurring cancer mortality it is not surprising that there is no observed increase in mortality among the radiation-exposed Marshallese. Nevertheless, much attention has been addressed to their cancer risk. On the other hand, limited attention has been given to morbidity from nonmalignant disease, principally of the thyroid, as a late consequence of radiation exposure, and yet these lesions have been of great clinical importance (Table 5).

A. Thyroid surgery:

Twenty-six (30 %) of the Rongelap group and eighteen (11%) of the Utirik group have had surgery for thyroid nodules that were ultimately found to be benign. The types of thyroid nodules found in the exposed population since 1963 can be grouped into cancers, adenomas, and adenomatous nodules. Cancers and adenomas are neoplasms. Adenomatous nodules, which, like adenomas, are benign, are not properly categorized as neoplasms. Histologically, they are hyperplastic lesions. In the exposed population both benign nodules and thyroid hypofunction display a similar correlation with radiation dose (Fig. 5), and, in contrast to thyroid cancer, adenomatous nodules have been very common (see Table 3). Adenomatous nodules are rarely of clinical significance, because they do not evolve into carcinoma. Surgery is necessary only to

TABLE 5: LATE THYROID MORBIDITY UNRELATED TO DIAGNOSIS AND TREATMENT OF THYROID CANCER IN 253 RADIATION-EXPOSED MARSHALLESE.

Morbid event	Number of cases
Thyroid surgery for benign lesions	44
Hypothyroidism, radiogenic	15
Hypothyroidism, postsurgical	21
Hypoparathyroidism, postsurgical	2
Recurrent laryngeal nerve palsy	1
Pituitary tumor*	2
Total morbid events	85

^{*} Possible association (Adams et al , 1984).

exclude that diagnosis. Nevertheless, the clinical evaluation required to establish a diagnosis is associated with its own morbidity. Prominent in this morbidity is thyroid surgery itself, a procedure that requires general anesthesia and results in a cosmetic defect and the unavoidable removal of some normal thyroid tissue.

B. Thyroid hypofunction, radiation-induced:

Overt hypothyroidism was diagnosed in two Rongelap boys who were infants at the time of exposure (Sutow et al., 1965). In addition, subclinical hypothyroidism unrelated to thyroid surgery was confirmed in twelve other Rongelap persons (Larsen et al., 1982). In 1987 a Utirik man was diagnosed as biochemically hypothyroid. He was two years of age at the time of exposure, and he is the first exposed person from Utirik to have this diagnosis.

C. Hypothyroidism, postsurgical:

In 1972 to 1974 it was noted that 11 of 20 exposed persons from Rongelap who underwent surgery for removal of thyroid nodules had elevated levels of thyroid-stimulating hormone (TSH). Because this evidence of postsurgical hypofunction was more frequent than expected it was surmised that thyroid insufficiency might be developing in the exposed Rongelap population as a whole, rather than being limited to the two hypothyroid children diagnosed some ten years earlier (Sutow et al., 1965). Such an event was likely to be clinically inapparent because all of that group had been placed on suppressive doses of thyroxin since 1965 to prevent thyroid neoplasia. Therefore, after temporarily discontinuing thyroxin, a survey of thyroid function was undertaken, and twelve persons were found to have biochemical evidence of thyroid insuffi-

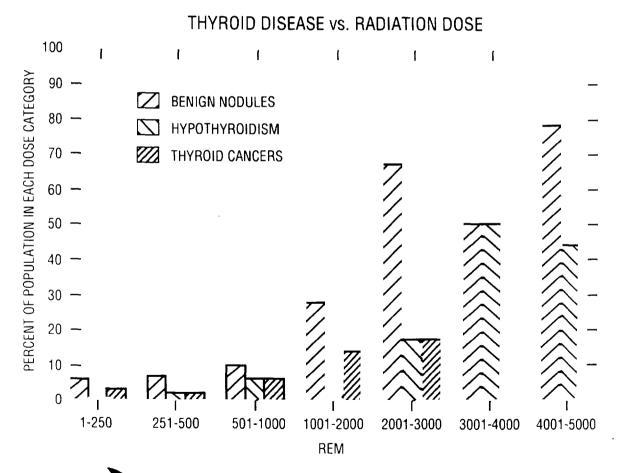


Fig. 5: The pid-absorbed radiation dose vs. benign thyroid nodules, carcinoma, and hypofunction.

ciency. Retrospective testing of six persons who had thyroid hypofunction after thyroid surgery revealed the hypofunction had been present earlier (Larsen et al., 1982).

The development of thyroid hypofunction in the exposed individuals continues to be a cause for concern. While the routine use of suppressive doses of thyroxin should render this concern moot, it was noted that, based on medical history or results of annual TSH testing, somewhat more than forty percent of exposed persons who are supposed to be taking thyroxin have evidence of irregular or noncomplicance with the prescribed medication regimen (Adams et al., 1983). It is desirable to minimize loss of thyroid tissue at surgery insofar as it is deemed clinically safe to do so: in fact, this has been the practice of the thyroid surgery consultant to the Marshall Islands Medical Program for almost twenty years.

Despite efforts to mitigate loss of thyroid tissue, however, there continues to be evidence of an inordinantly high frequency of postsurgical thyroid hypofunction among the exposed population. Table 6 shows data obtained through 1987 illustrating this point. An increase in frequency of postsurgical thyroid hypofunction with increase in the 1954 thyroid radiation dose is apparent, even though all thyroid surgery patients were advised to take thyroxin. However, the data in Table 6 must represent a minimum estimate of the prevalence of postsurgical thyroid hypofunction. In contrast to the study by Larsen et al. (1982), thyroxin was not pur-

posely discontinued before testing. Therefore, except for those relatively few instances in which selected individuals were asked not to take thyroxin for four to six weeks prior to thyroglobulin testing or thyroid scanning, elevated TSH levels were apparent only because of noncompliance. Some persons may have had normal TSH levels after surgery only because they are adhering satisfactorily to the prescribed thyroxin regimen.

It is unlikely that the differences in prevalence of postsurgical thyroid hypofunction among the groups result from different degrees of compliance in taking thyroxin after surgery. Furthermore, it is likely that, on the average, the extent of resection of thyroid tissue was greater in the unexposed persons undergoing thyroid surgery than in exposed individuals because of concern that the latter were more likely to have impaired thyroid reserve. As Table 6 shows, this concern was well-founded. Although present data are without doubt quantitatively inaccurate, they are likely to be qualitatively adequate.

The distinction between these data and those of Larsen et al. (1982) is that, whereas thyroid hypofunction was found by the latter group to antedate thyroid surgery (as documented by retrospective analysis of stored sera collected before institution of thyroxin suppression in the exposed Rongelap group), the present data reveal an inordinantly high frequency of post-surgical thyroid hypofunction in exposed persons with previously normal TSH levels. The importance of this finding is that there appears

TABLE 6: MARSHALLESE WITH PREVIOUSLY NORMAL TSH LEVELS WHO HAVE DEVELOPED ELEVATED LEVELS FOLLOWING THYROID SURGERY.

Exposure group	Adult thyroid dose (rad)*	Number with surgery	Number with hypothyroidism**	Percent
Rongelap***	1200	23	14	61
Utirik	160	25	7	28
Comparison	none	11	1	8

^{*} Average estimated dose for an adult male.

^{***} Routine thyroxin suppression prescribed.



^{**} Biochemical evidence of thyroid hypofunction as indicated by at least two determinations of thyroid stimulating hormone $\geq 7.0~\text{uU}/1$. Normal values are less than 6.0~uU/1.

to be significantly diminished thyroid reserve in many exposed persons, and, although this diminution is not apparent from routine TSH testing, it frequently may be made clinically significant by thyroid surgery. The extent of the problem cannot be accurately assessed with the data at hand because of the variability in compliance with the taking of the prescribed thyroxin suppression, and because no clinical benefit would accrue to the exposed population from discontinuing thyroxin for the purpose of proving the point. Nevertheless, a 61% prevalence of postsurgical thyroid hypofunction is reason for great concern in view of the high frequency of benign thyroid nodules in the exposed population.

D. Postsurgical hypoparathyroidism:

In two thyroid surgery patients transient postsurgical hypocalcemia was observed. However, two other Rongelap women developed chronic hypoparathyroidism requiring replacement therapy since undergoing thyroid surgery. In one the deficiency was diagnosed postoperatively and has not resolved. In the other the diagnosis was first made twenty years following surgery. Both surgeries were performed on Guam during the early years of the medical program. Postsurgical hypoparathyroidism is not an unusual complication of extensive thyroid surgery, occurring in up to 20% of patients. However, in experienced hands the frequency of postsurgical hypoparathyroidism is much lower.

E. Laryngeal nerve injury:

One Rongelap man has a mild but definite impairment in speech resulting from recurrent laryngeal nerve injury, a well-known complication of thyroid surgery. This is not a common complication, occurring in perhaps 1% of patients. As with postsurgical hypoparathyroidism, its frequency depends greatly on the experience of the surgeon and the extent of the surgery.

F. Pituitary tumor formation:

Two women exposed as young children, one from Rongelap and one from Utirik, have developed pituitary tumors. These tumors are usually benign, causing disease, in part, because of their expansion inside a rigid structure. There is no known direct association between radiation exposure and development of pituitary tumor, but there are reasons to suspect that pituitary tumor formation may be a consequence of thyroid injury (Adams et al., 1984).

In summary, hypothyroidism and subclinical thyroid hypofunction, benign thyroid nodule formation, thyroid surgery with its attendant risks and complications, an excessive prevalence of thyroid hypofunction after thyroid surgery, and possibly pituitary tumors can be considered adverse delayed consequences of radiation injury in the exposed Marshallese. The tally comes to 85 morbid events in 253 persons. In contrast, the only evidence for a "stochastic" effect of radiation exposure has been an increase in thyroid cancers in the Rongelap population, none of whom yet have evidence of residual disease. While several nonthyroidal cancers known to be inducible in humans by external ionizing radiation have been documented in the exposed population, similar cancers have occurred in the unexposed Comparison population of Marshallese. Therefore, one may conclude that in the Marshallese experience the delayed expression of nonmalignant morbidity due to irradiation has indeed been great and far exceeds that of malignant disease.

REVIEW OF CANCER IN THE COMPARISON POPULATION

In earlier BNL publications neoplasms of the exposed population were compared to those of an unexposed "Comparison" population with a similar age and sex distribution. However, since the last report, which brought the period of medical coverage up to December 31st, 1984, concerns have been voiced about present-day safety of habitation on Rongelap island. An analysis of the current radiation risk of Rongelap habitation is not a function of the Marshall Islands Medical Program, which is a clinical program devoted to aspects of health care for persons acutely exposed to radioactive fallout in 1954. Nevertheless, medical information collected over many years concerning the unexposed Rongelap people has been requested by different groups who are involved in assessing that risk. To assist them and others who may wish to review the medical experience of the Comparison population, a summary of diagnoses of neoplastic disease is presented here. It is essential to realize that whatever radiation risk exists today on Rongelap is quite distinct from that incurred by 86 Rongelap inhabitants and 167 Utirik inhabitants during the two-day exposure to Bravo fallout in 1954. The reasons for this statement are given below.

The selection of the Comparison group began in 1957 at Majuro when the group was initiated with 86 individuals matched approximately for sex and age with the exposed group of 86 individuals. Members of the Comparison group were examined periodically thereafter at Rongelap or elsewhere along with members of the exposed Rongelap population. During 1958-59, after the return to Rongelap island, the number of persons actively enrolled in the Comparison group was increased to about 150. During the following years up to 1974, another 31 persons were added. In 1974-76, to make up for more persons lost to followup or deceased, another 32 persons were added. No additions to the roster have been made since that time. When all enrollees are tallied, including those who have discontinued their participation in the annual medical examinations, 227 persons have been examined at one time or another as part of the Comparison group. Although some of the group were lost to followup, there were 63 deaths recorded through 1987. Some deaths may have occurred in those lost to followup that were not brought to the attention of the Marshall Islands Medical Program. Furthermore, the death rate in subsequently added subgroups may not be the same as that for persons in 1957. There is no way to determine if there is any bias introduced into mortality statistics as a consequence of these events which were beyond the control of the program. However, two points can be made. First, since it is cancer mortality which is specifically in question, cancer deaths can be expressed in terms of total known deaths, thereby controlling to some extent for uncertainties in the determination of total deaths. Therefore, on the basis of information made available to the Marshall Islands Medical Program, 8 of the 63 known deaths (13%) may have been due to malignant disease. In the United States cancer mortality accounts for 22% of total mortality (Silverberg and Lubera, 1987), and in the exposed Rongelap group it accounts for 19% of total mortality (5 of 26 deaths). Second, cancer deaths can be expressed in person/years of observation, thereby controlling somewhat for persons lost to followup. When this is done the cancer death rate for the 33-year observation period is 171/100,000 (8 possible cancer deaths in 4669 person/years) for the Comparison group overall and 187/100,000 (4 possible cancer deaths in 2136 person/years) for the 86

persons in the original 1957 Comparison group. The similarity of these numbers does not suggest the introduction of bias in death rates in subsequent additions in the Comparison population. For the Rongelap exposed population, which was statistically similar in age and sex distribution to the Comparison group when evaluated in 1982 (Adams et al., 1983), this number is 234/100,000 (5 possible cancer deaths in 2139 person/years). The confirmed or presumptive cancer diagnoses in the Comparison group are given in Table 7, along with cancer deaths in the exposed Rongelap population.

Table 8 contrasts the distribution of possible cancer deaths in the Comparison group according to years of residence on Rongelap with that of the exposed population. One of the eight persons dying of possible cancer in the Comparison group was never known to be present on the island. Furthermore, six of the eight spent only a short time on Rongelap. However, for those six that short time lay between 1958 and 1961, a period when residual radioactivity would have been higher than in subsequent years. One hundred fifty-one persons in the Comparison population were known to be on Rongelap at some time between 1958 and 1961. Of the six that ultimately died of possible cancer, four were among forty-two who were not on Rongelap after 1961, whereas two were among the one hundred-and-nine that were seen on Rongelap at a later date (Table 9). It is a statistical oddity that even the latter two individuals were found on Rongelap only once after 1961.

There are several points that are relevant for those who would apply an epidemiologic analysis to these data:

- 1. Since the Marshall Islands Medical Program has not maintained a year-round medical presence on the different atolls where examinees may be found, causes of death were obtained in many instances from records and verbal accounts of health aides and family members living on those atolls and from records and death certificates at the Ebeye and Majuro hospitals. Autopsies are rarely performed in the Marshall Islands.
- 2. Of the eight deaths that clinically may have been cancer-related, confirmation by tissue diagnosis is available in only four. In the exposed Rongelap population only three of the five deaths attributed to cancer were confirmed.



Table 7 presents limited information relevant to the diagnosis of the cancers in the Comparison group, but all 8 cases have been described in greater detail in this or earlier BNL reports.

- **3.** The most frequent lethal cancers in the United States are lung, breast, colon and leukemia/lymphoma.
- 4. Areas where health care is limited often have increased mortality from noncancerous disease, and an increase in cancer incidence has been viewed as evidence of improved overall health of some populations because it reflects improvements in longevity.
- 5. Table 7 lists only deaths that might have been related to cancer. There have been two cases of thyroid cancer that have been diagnosed. The thyroid cancers, discussed elsewhere in this report, have not been a cause of death, and at

the present time there is no evidence of residual disease in either of the thyroid cancer patients.

6. In attempting to determine whether there has been an increase in cancer deaths in either the exposed or Comparison population one should note a Radiation Effects Research Foundation report on the Japanese exposed to atomic bombing. From 1950 to 1985, there had been 5936 cancer deaths among 75991 persons in the LSS (Life Span Study) cohort. Three hundred and forty of the cancer deaths (6% of the total cancer deaths) are thought to be attributable to the 1945 radiation exposure (Preston and Pierce, 1988). The small size of the exposed and Comparison Marshallese groups, the smaller number of cancer deaths, and naturally occurring fluctuations in disease incidence will make statistical detection of any excess cancer mortality impossible in these populations.

TABLE 7: POSSIBLE CANCER DEATHS IN THE RONGELAP EXPOSED AND COMPARISON (UNEXPOSED) POPULATION

ID#	Year of Death	Age at Death	Years on Rongelap*	Cancer Type	Confirmation
A. COM	PARISON GR	OUP			
842	1986	61	2	? Hepatoma	Not available
846	1986	63	4	Leukemia	Yes
861	1960	68	2	Cervix	No. Normal pelvic exam in $3/59$.
889	1980	55	2	Breast	Yes
975	1985	65	2	? Lymphoma	"Atypical lymphoepithelioid proliferation"
1005	1984	51	2	Lung	Yes (Smoker)
1050	1985	50	20**	? Colon	No
1571	1982	28	0***	Astrocytoma	Yes
	GELAP EXPO			·	
62	1959	60	2	Ovary	Yes.
30	1962	60	5	Cervix	No
13	1966	.71	9	Uterus	No
54	1972	19	7	Leukemia	Yes
68	1974	64	16	Stomach	Yes

^{*} Years of residence on Rongelap after rehabitation of Rongelap island in 1957, as recorded in the medical records of the Marshall Island Medical Program or from personal history.

^{**} Added to Comparison group in 1964; did not live on Rongelap between 1957 and 1964

^{***} Added to Comparison group in 1976; residence prior to 1976 is not recorded.

TABLE 8: DISTRIBUTION OF POSSIBLE CANCER DEATHS ACCORDING TO YEARS OF RESIDENCE ON RONGELAP

, Years on Rongelap	Number of Persons	Possible Cancer Deaths
A. COMPARISON GROUP		
0-4	135	7
5-9	40	0
10-14	20	0
15-19	13	0
20-24	10	1
25-28	9	0
Total	227	8 (13% of recorded deaths)
B. RONGELAP EXPOSED		
0-4	8	0
5-9	10	0
10-14	12	1
15-19	13	0
20-24	30	3
25-28	10	1
Total	83	5 (19% of recorded deaths)

TABLE 9: COMPARISON AND EXPOSED GROUP — CANCER DEATHS

Group	No. in Group	Total Deaths	Cancer Deaths	Age at Death
A. Comparison	227	63*	8	28-68
A.1 Resident on Rongelap <i>only</i> during '57-'61	42	12	4	55-68
A.2 Resident in '57-'61 <i>and</i> for some time thereafter	109	32	2	51,63
A.3 Resident only after '57-'61	47	5	1	50
A.4 Never on Rongelap	29	13	1	28
B. Exposed in 1954	86	26**	5	
B.1 Like A.1	8	3	1	60
B.2 Like A.2	73 -	20	4	19-71
B.3 Like A.3	1	0	0	
B4 Like A.4	1	0	0	

^{*} One death occurred five months after return to Rongelap.

^{**} Three deaths occurred prior to return to Rongelap in 1957



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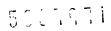
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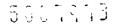
APPENDIX A PROFESSIONAL STAFF PARTICIPATING IN THE 1985-87 MARSHALL ISLANDS SURVEYS

NAME	PARTICIPATING SURVEY	SPECIALTY	AFFILIATION
Adams, W.H.	3/85, 9/85, 3/86 9/86, 5/87, 9/87	Internal Medicine (Hematology)	Brookhaven Natl. Lab. Upton, NY 11973
Anderson, J.	5/87	Internal Medicine (Geriatrics)	NY Bellevue Div. of Geriatric Medicine NY, NY 11016
Arelong, T.	3/85, 9/85, 3/87	Nurse	Armer Ishoda Memorial Hosp., Majuro, MI 96960
Barclay, P.	5/87	Internal Medicine (Allergy/Immun.)	Central General Hosp. Plainview, NY 11803 (Director, Emergency Physicians)
Benes, S.	5/87	Ophthalmology	Ohio State University Medical School Columbus, OH 43210
Beydoun, S.	3/86	Obstetrics/Gyn.	Univ. of Miami School of Medicine Miami, FL 33101
Bliss, M.	3/85, 9/87	Internal Medicine (Gastroenterology)	Boston City Hospital Boston, MA 02118
Cheatham, W.	3/86	Internal Medicine (Endocrinology)	Walter Reed Army Medical Center Washington, D.C. 20012
Dec, W	3/86	Internal Medicine (Cardiology)	Harvard Medical School Mass. Gen. Hospital Boston, MA 02114
Dobyns, B.	3/85	Surgery	Case Western Reserve Univ Cleveland Gen. Hospital Cleveland, OH 44109
Engle, J.	3/85, 9/85, 3/86	Family Practice	Vet. Adm. Med. Center Martinsburg, WV 25401 (formerly BNL Resident Physician stationed at Kwajalein)
Ferguson, F.	9/85	Pediatric Dentistry	School of Dental Medicine State Univ. of New York at Stony Brook, NY 11791
Giorgio, B.	3/85, 5/87	Gyn. Surgery	Private Practice Pearl City, HI 96782
Giorgio, L.	3/85	Nurse	Pearl City, HI 96782
Greene, G.	9/85	Pediatrics	Univ. of California Irvine Medical Center Orange, CA 92668



NAME	PARTICIPATING SURVEY	SPECIALTY	AFFILIATION
Harper, J.	9/86	Family Practice	Private Practice Portland, ME 04103 (formerly BNL Resident Physician stationed at Kwajalein)
Jacobs, D.	3/86	Nurse	Armer İshoda Mem. Hospital, Majuro, MI 96960
Jensen, L.P.	3/85	Obstetrics/Gyn.	University of Miami School of Medicine Miami, FL 33101
Kabua, J.	3/85, 9/85, 3/86 9/86, 5/87, 9/86	Nurse	Ebeye Marshall Islands, 96960
Kehne, S.	3/85, 3/86	Internal Medicine (Pediatric Neurology)	Boston City Hospital Boston, MA 02118
Kindermann, R.	3/85	Ophthalmology	Private Practice Cherry Hill, NJ 08003
Lakshmanan, M.	3/86, 5/87	Internal Medicine	Natl. Institutes of Health Bethesda, MD 20892
Landsberger, E.	3/86	Obstetrics/Gyn.	Albert Einstein College of Medicine, Bronx, NY 10461
Langrine, H.	3/85, 9/85, 3/86	Nurse	Armer Ishoda Mem. Hospital, Majuro, MI 96960
MacKay, D.	5/87	Internal Medicine (Infectious Diseases)	Dartmouth-Hitchcock Medical Center Hanover, NH 03756
Maisel, J.	3/85	Ophthalmology	State Univ. of New York at Stony Brook, NY 11791
Maxon, H.	5/87	Internal Medicine (Nuclear Medicine Thyroidology)	University of Cincinnati Medical Center Cincinnati, OH 45267
McClintock, C.	3/85	Internal Medicine (Gastroenterology)	Boston City Hospital Boston, MA 02118
Melkonian, R.	5/87	Obstetrics/Gyn.	Stony Brook Univ. Hospital SUNY at Stony Brook, NY 11791
Mellan, M.	5/87	Nurse	Armer Ishoda Mem. Hosp. Majuro, Mashall Is., 96960
Pacifico, A.	5/87	Internal Medicine (Cardiology)	Baylor College of Medicine Houston, TX 77030
Panebianco, R.	3/85	Internal Medicine	Private Practice Southampton, NY 11968
Rittmaster, R.	3/85	Internal Medicine (Endocrinology)	Natl. Institutes of Health Bethesda, MD 20892 (Formerly BNL Resident Physician stationed at Kwajalein)

NAME	PARTICIPATING SURVEY	SPECIALTY	AFFILIATION
Stewart, D.	9/85	Pediatrics	University of California Irvine Medical Center Orange, CA 92668
Symes, D.	5/87	Ophthalmology	Private Practice Tucson, AZ 85718
Ugolinı, V.	5/87	Internal Medicine (Cardiology)	University of Texas Southwestern Medical Ctr. Dallas, TX 75235
Werth, V.	3/86	Internal Medicine (Dermatology)	New York University Dept. of Dermatology NY, NY 10017
Williams, K.	3/86	Internal Medicine	Cornell University Department of Medicine NY, NY 10032



TECHNICAL SPECIALISTS PARTICIPATING IN THE 1985-87 MARSHALL ISLANDS SURVEYS

NAME	PARTICIPATING SURVEY	AFFILIATION
Adams, Diana	3/85	Medical Department Brookhaven National Laboratory Upton, NY 11973
Ankien, Risong	3/85, 5/87	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960
Boyd, Lindora	9/85	Medical Department Brookhaven National Laboratory Upton, NY 11973
Bullis, James Jr.	3/86	Medical Department Brookhaven National Laboratory Upton, NY 11973
deBrum, Reynold	3/85, 9/85, 3/86 9/86, 5/87, 9/87	U.S. Department of Energy Majuro, Marshall Islands 96960
Duhaime, Susan	5/87	Stony Brook University Hospital State University of New York at Stony Brook, NY 11791
Emos, Helmer	3/85, 9/85, 3/86 9/86, 5/87, 9/87	Medical Department Brookhaven National Laboratory Stationed at Ebeye, Marshall Islands
Gideon, Kalman	3/86	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960
Heotis, Peter	3/85, 9/85, 3/86 9/86, 5/87, 9/87	Medical Department Brookhaven National Laboratory Upton, NY 11973
Heinrichs, John	5/87	Medical Department Brookhaven National Laboratory Upton, NY 11973
Jacob, Stanley	3/85, 3/86	Ebeye Hospital Ebeye, Marshall Islands 96960
Lehman, William	9/86, 5/87, 9/87	Medical Department Brookhaven National Laboratory Upton, NY 11973
Saul, Joe	3/85, 9/85, 3/86	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960
Scott, William	3/85, 9/85, 3/86 5/87, 9/87	Medical Department Brookhaven National Laboratory Upton, NY 11973
Shoniber, Sebio	3/85, 9/85, 5/87	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960
Stravino, Michael	3/85, 9/85, 3/86	Medical Department (Retired) Brookhaven National Laboratory Upton, NY 11973
Tommy, Morris	5/87, 9/87	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960



APPENDIX B

Individual Marshallese laboratory data collected during the 1985, 1986, and 1987 medical surveys. (Identification numbers 1 to 86 belong to exposed persons of Rongelap and Ailingnae; numbers beginning at 2102 belong to the Utirik exposed; numbers from 805 through 1578 belong to the Comparison group).

Abbreviations:

PID = Brookhaven National Laboratory identification number

SEX = 1 - Male; 2- Female

AGE = years

WBC = leukocyte count/ μ l

 $PMN = neutrophil count/\mu l$

BAND = band forms/ μ l

LYMPH = lymphocytes/ μ l

 $MONO = monocytes/\mu l$

 $EOS = eosinophils/\mu l$

 $BASO = basophils/\mu l$

PLT = platelet count x $10^3/\mu l$

HCT = percent

RBC = erythrocytes x $10^3/\mu l$

MCV = mean corpuscular volume in fl

HGB = hemoglobin level in g/dl

TSH = thyroid stimulating hormone level in $\mu U/l$

PRL = serum prolactin in ng/ml

 $T4 = thyroxine in \mu g/dl$

TPR = total protein in g/dl

ALB = albumin in g/dl

GLOB = globulin in g/dl

A/G = albumin/globulin ratio

CAL = calcium in mg/dl

FBS = fasting blood sugar in mg/dl

HBA1C = glycosylated hemoglobin A1C in percent

COMPUTER LISTING OF 1985 RAW DATA

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							LISTING	F OF 1	985 RAW D.						
PID	SEX	AGE	WBC	PMN	BAND	LYMPH	MONO	EOS	BASO PLT	HCT	RBC	MCV	HGB	TSH	PRL '
2107	2	57	12800	7296	768	3968	384	384	0 202				13.7	1.30	
2108	1	43	7200	4032	144	2808	0	216	0 333				15.1	1.30	
2110	1	79	7800	4680	166	2262	312	390		39.9			12.8	5.40	
2111	2	35	8900	6340	0	2670	445	448		39.8			13.1	3.60	
2113	2	36	8200	5248	0	2214	410	328		38.9			13.5	4.00	
2114	1	72	6400	3776	256	2048	128	192	0 321	48.3			13.9	3.90	
2115	1	31	8600	4-00			40.0		0.500		5.20		14.6		
2117	2	56	8600	4780	85	2975	425	255	0 360				13.6		
2119	2	50	8400	3948	84	3696	420	252		40.4			13.4	2.80	
2123	1	48	6000	3600	60	2160	120	0		47.1			15.6	3.20	
2124	1	32	8800	4664	88	3344	616	88		48.8			16.0	3.20	
2125	1	68	6700	3283	0	3149	134	134		47.1			15.1	4.10	
2126 2129	2	40	6200 8000	3634	62 80	2046 2320	372 560	62	0 280 0 421	41.2			13.1	3.10	
2130	2 2	49 34	8100	4160 4392	61	1281	244	880 122		40.7			13.2 11.4	4.10 8.00	
2134	2	32	8700	1740	87	5568	348	522		39.3		90	12.3	3.40	
2136	1	36	8200	4182	ő	2642	328	492				96	14.3	4.30	
2137	i	47	6000	3300	ŏ	2280	120	300		45.9			14.4	3.50	
2138	à	36	10500	6615	ŏ	2205	210	1470		40.4			12.5	3.20	
2139	ž	67	6500	3380	65	2405	260	390		37.9			12.2	5.20	
2140	ã	78	6400	4096	ŏ	1792	320	000		40.1				5.50	
2142	ĩ	37	11200	7168	112	3472	112	336		51.5			16.4	4.20	
2143	i	34	6400	3328	· · õ	2304	384	384						7.40	
2145	i	64	6100	2928	183	2501	244	244				91	13.7	6,40	
2147	ż	37	6300	1802	63	3180	159	106		41.7			14.7	2.40	
2148	ĩ	76	9500	5225	380	3420	285	190					13.7	4.70	
2149	ā	40	5800	3016	ő	2436	290	58	0 268		4.33			4.40	
2150	ī	44	9300	5580	186	2883	186	465	0 206			85	16.2	4.50	
2152	ī	49	5500	3080	66	1650	330	220	55 266				14.7	2.90	
2153	ī	34	4900	3479	49	1078	147	147		46.4			13.2		
2166	ì	32	6200	2356	0	3162	372	310					16.1	3.60	
2156	i	40	6400	3904	0	2048	320	128		45.4			14.6	3.00	
2158	2	61	7000	4830	0	1610	420	140	0 279	39.6	4.31	92	13.0	4.10	
2169	2	37	8100	6427	243	2108	324	81	0 394	43.1	4.67	92	13.8	4.70	
2160	2	36	8000	5200	320	1440	480	560	0 296	45.0	4.79	94	14.0	6.00	
2162	2	64	7400	4614	148	2220	296	222	0 399	35.6	4.02	89	11.4	6.30	
2165	1	43	7800	3666	78	3588	312	156	0 229	43.5	4.94	88	14.5	3.40	
3166	1	69	7800	3666	78	2964	468	846		46.5			13.9	5.50	
2167	1	46	7800	3744	312	3198	468	78		46.9			16.3	3.20	
2171	2	34	8500	5015	425	2210	170	595	85 280				13.0	2.80	
2172	2	44	7100	5041	142	1633	142	142	0 336		4.05		12.5	3.30	
2174	1	32	8800	6336	0	1672	440	264	88 288				15.9	4.40	
2176	1	42	6800	3128	68	3400	204	0	0 233		4.66		14.6	4.80	
2179	1	34	8100	4860	Ō	2673	405	162		61.0			16.8	3.00	
2182	2	84	4600	1794	0	2576	138	92	0 372		3.74		11.6	4.60	
2188	1	34	8800	4400	178	2818	880	440	88 181		B.91		16.6	4.30	
2189	2	89	8400	6652	168	756	336	504	84 216		3.46		10.3	3.70	
2193	2	63	8900	4130	295	1478	0	0		40.1			13.0	4.80	
2195	2	86	6700	3484	67	2747	201	67		40,0			13.4	4.70	
2196	2	70	6500	2860	65	3185	325	65		41.5			13.2	27.00	
2197	2	33	6300	3150	63	2457	252	315	63 171				10.9	4.70	
2200	2	74	6200								3.76		11.6		
2205	1	61	9200	4784	92	3680	460	184	0 291				13.7	3.90	
2206	1	64	9200	4508	184	3956	276.	184	92 240				14.5	2.40	
2207	1	37	10100	5959	404	3232	303	101	101 309	47.8	5.60	85	14.9	3.30	

COMPUTER LISTING OF 1985 RAW DATA

DID	027				COL	1PUTER	LISTING	OF 1	985 R	AW D	ATA						
PID	SEI	AGE	WBC	PMN	BAND	LYMPH	MONO	eos	BASO			RBC	MCV	HGB	TSH	PRL	T4
2208 2209	2 2	69 37	9600	6962	768	2016	384	480	0	300	40.2	4.37	92	13.5	4.10		
2210	2	32	8400 6400	5964	0	1848	504	84	Ō		40.1		93	12.3	3.80		
2212	ã	66	7200	3712 3960	84 216	2240	192	512	0		44.8		90	13.7	3.60		
2213	2	33	5300	3869	53	2520 424	144 212	360	ŏ	211	39.3		92	12.6	9.80		
2215	2	65	9400	6462	470	2914	282	212 282	0	275 442	35.9 43.7		86 88	11.5 14.1	1.90		
2217	2	53	7400	4440	74	2220	296	370	ŏ	220	39.0		99	12.8	2.30 4.30		
2218	2	31	7500	4200	75	2700	450	75	ŏ	242	39.1		91	12.7	6.90		
2220	2	87	6700	3886	134	2010	335	335	ō	280	39.0		94	13.0	6.00		
2221 2224	2 2	84		10430	1192	2682	447	0		232	39.6		92	12.8	5.50		
2225	2	63 38	8200	5084	656	2050	246	164	0	329	38.0		96	11.9	3.80		
2226	2	33	8400 5500	3192 3410	252 110	4704 1870	84	168	0	220	37.6		87	12.3	6.40 141.00		
2227	2	38	6600	3038	198	2574	110 396	0 396	0		37.9 39.9		81 74	12.3	3.70		
2228	2	40	14200	8236	888	3550	994	852	ŏ		39.4		91	12.8	3.70		
2229	2	BO	7800	5226	156	2184	312	312	ŏ		46.2		94	11.3	3,20		
2230	2	44	8000	5896	Ó	1936	616	264	Ō		45.3		87	14.8			
2231	2	33	7700	4312	164	2618	462	154	0		42.6		87	13.7	3.60		
2232	į	34	8200	4510	82	2870	410	328	0		B2.4		96	17.1	7.60		
2233 2234	ļ	33	7000	3670	Õ	2310	700	420	Ŏ		49.6			16.8	6.20		
2235	1	45 39	12500 12800	8375 6784	0 384	3260	250	625	Ŏ		64.6		90 92	15.3	4.60		
2236	i	43	6300	3213	0	4608 2646	512 378	612 63	0		44.0 44.0			14.5	11.30		
2239	ż	36	8000	5600	ŏ	1680	240	480	ŏ	366				11.8	1.00		
2242	1	32	9300	7719	279	930	93	Ö	ŏ		40.2			13.5	2.90		
2244	2	76	7000	3920	210	2730	140	ŏ	ŏ		35.9		93	11.6	3.60		
2246	1	32	8900	6319	178	1691	534	178	Ō		44.8		96	14.6	4.50		
2247	2	40	8400	4872	336	2268	504	420	0	332	36.1			11.4	2.60		
2248	2,	47	9800	7164	490	1176	588	294			42.8		81	13.4	2.90		
2250 2251	1 2	42 37	8400	5376	84	2436	84	420			49.3		89	15.9	2.90		
2264	2	36	8900 6200	4183 3858	0 248	4628 1674	89	0 496	0		37.8 29.8		77 84	12.2	4.90 9.40		
2256	2	31	8300	3652	166	3154	124 249	1079	ŏ		43.6		89	13.5	5.00		
2256	2	37	8500	4678	340	3400	85	0	ŏ		40.8		89	13.7	3.20		
2257	1	39	6200	3844	248	1736	310	62	ŏ		43.4		83	14.2	4.90		
2260	2	32	8100	3321	81	4212	243	243	Ó		42.3		87	14.4	2.60		
2261	1	67	6500	3708	260	2080	195	195	65	204	48.3	6.02	96	15.5	4.70		
2269	j	31	11300	7684	226	2938	226	226			48.3			16.3	4.00		
2271	1	31	6800	3400	.68	2856	272	204	0		45.8			18.7	4.80		
2274 2277	1 2	31 33	6900 6200	3174	138	3312	69	207	Ŏ		44.8		88 60	14.3	6.00		
805	ž	32	6400	3348 2368	124	2232 3328	372 192	62 448	0 64		30.0 44.7			8.4	6.30		
811	2	33	9100	4095	182	3913	182	637			44.0			13.3			
815	ĩ	37	5100	2806	.00	2040	102	163			43.1			15.9			
816	2	36	7200	3312	144	2592	216	936			38.6			12.4			
818	1	36	6100	3721	0	2013	244	122	0		52.2			16.1			
821	2	38	6900	4140	0	2277	276	207	0		35.0			11.2			
822	1	41	8200	4018	164	2952	410	574	82		44.8			14.8			
823	1	42	5500 6700	3025	66	1695	220	550			46.5			16.3			
826 826	2 2	43 49	6300 5700	2961	126	2646	252	262	63		40.7			13.1			
827	î	45	8400	3648 5292	285 168	1197 2100	285 336	285 420			40.9			12.1 15.3			
829	ż	48	4300	2193	100	1677	258	172			41.2			12.2			
830	ī	47	5200	2704	ŏ	2028	260	208	ŏ		46.6			14.8			
831	i	46	6000	1980	120	3540	120	240	-		52.5			15.8			
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PID	SEI	AGE	WBC	PMN		PUTER	LISTING MONO	OF EOS	1985 RAW DAT BASO PLT	A HCT	RBC	MCV	HGB	TSH	PRL
832	2	48	6500	3316	0	2730	130	325	0 251 3	6.7	4.52	81	12.2		
833	1	53	4100	1927	0	1845	82	41	0 164 4			86	13.4		
834	1	52	7500	3376	75	3750	300	0			6.47	90	15.8		
835	2	52	10800	5618	108	4240	424	106	0 280 4	2.5	4.48	96	14.5		*
838	1	54	8800	4782	176	3344	352	176	0 249 5			98	16.1		
839 840	2	69 56	7800 10900	2262 4578	78	4758	546	166	0 321 4				14.2		
841	2	53	8400	4956	218 84	8450 2184	545 420	109 756	0 366 4 0 252 4			79	14.9		
842	ĩ	61	6800	2924	136	3468	136	136			4.61	96 96	13.2 13.9		
843	à	57	5600	2520	112	2520	112	336	0 323 3				12.7		
844	2	67	7400	4588	74	2368	222	148	0 241 3				12.0		
845	1	66	6700	2948	Ō	3082	469	201	0 217 4						
846	2	63	3700	999	148	2405	111	37	0 232 3				11.6		
851	2	76	5100	2856	51	1632	367	204	0 219 3	9.4	4.02	98	12.1		
864	1	80	7800	3344	. 0	3724	228	228	0 227 4			90	13.9		
865	2	52	9300	4743	279	3162	558	558	0 279 4			98	14.0	5.90	
867	2	67	10800	4860	432	4860	216	432	0 335 4				16.2	2.60	
868 879	1 2	62 30	4400 8500	2080 5185	0	1760 2890	80 3 4 0	80 85	40 215 4 0 308 4			94	14.6		
880	î	83	12000	7800	600	2760	600	240	0 308 4 0 211 4	9.0	4 47		12.8 13.5		
881	i	53	6800	3740	68	2584	408	0	0 228 4				14.7		
882	ī	52	6400	3776	ŏ	2368	Ö	256	0 244 4				14.6		
896	Ž	46	5800	3364	232	1972	232	Ö	0 251 4				13.6		
911	2	33	5800	4002	174	1450	68	116	0 260 3		3.35		11.0		
917	1	65	8000	5200	80	2400	240	80	0 224 3	6.5	4.27	86	11.7	5.20	
919	1	38	5300	2385	83	2438	212	212	0 375 3				12.0		
920	1	54	5300	2014	159	2544	212	371	0 191 4				14.8		
922	2	62	6700	2223	87	2907	171	342	0 200 4				13.4		
925 928	2 2	36 73	9500 6200	5985 3038	285 310	2090 1922	665	475 682			4.49	86			
931	โ	32	8600	4816	210	3354	248 344	86	0 196 3 0 438 4				10.3 15.7		
932	â	őĩ	6400	3968	64	1728	64	576	0 327 3			94			
934	2	вi	6100	2684	122	2989	183	122	0 245 4			86			
938	2	63	10000	5500	700	2800	600	200	200 179 4					3.30	
941	2	86	8500	5440	0	2550	170	340	0 244 3	7.4	4.03	93	12.9		
942	2	71	7600	4940	456	1900	456	228	76 205 4			96	12.9	2.90	
943	1	55	9200	4876	184	2300	736	920	184 410 4				14.8	_	
944	1	61	9100	4550	273	2912	637	182	0 228 4		5.43		18.0	3.20	
960	2	39	11800	6136	590	4484	354	236	0 333 4				15,1		
955 956	2	33 77	10400 6500	6864 3380	208 0	2600 2340	520 455	208 325	0 224 3 0 284 3				12.7 11.8		
959	2	37	5500	2860	220	2036	275	110	0 321 4				13.5		
960	2	34	11800	8850	118	1888	690	354	0 263 3			91			
963	ī	59	5900	3127	118	2124	295	236	0 246 4			93			•
965	ž	42	8300	4731	664	2158	332	332	83 365 3				12.1		
986	1	54	5500	2805	Ö	2035	110	495	65 249 4			99			
969	1	69	12500	8375	500	2750	500	500	0 418 3	7.0	3.82	97	10.4		
970	2	73	8500	4845	0	3145	425	85	0 284 3				10.6	•	
971	1	43	8600	3526	_0	4214	616	344	0 291 4				14.1		
977	2	40	5700 7400	2907	57	2337	285	114	0 197 3				13.0		
980	2	33 32	7400 7400	4662	0	2294	296	148	0 248 4				13.8		
981 998	1 2	38 38	8000	4292 5840	0	2960 1600	148 400	0 160	0 248 5			93			•
1001	2 2	82	7600	4104	152	3040	304	160	0 195 3 0 372 4			89 83			
1007	ĩ	75	5600	2744	56	2352	168	280	0 181 4				12.9	2.60	
,	•		5000	~		~~~	. 50	~~~	0 101 1			33	O	 .00	

PID	SEX	AGE	WBC	PMN		MPUTER LYMPH	LISTING MONO	OF EOS			ATA HCT	RBC	MCV	HGB	TSH	PRL	Т4
1035	2	34	8000	4000												• • • •	• •
1043	2	50	5300	*000	80	3440	480	0	0		42.7			14.8			
1500	•	55		7010					_		44.6			11.9			
1505	2		6700	3819	134	2211	402	134	0	250	36.3	3.98	91	11.7			
1519	۰	46													3.20		
	Ţ	43	7700	4312	154	2695	462	77	-		52.2		95	16.2			
1520	2	55	7200	4392	144	2232	360	72	0		44.0		86	14.5			
1630	2	39	3900	2067	117	1092	78	546			40.8		89	13.8			
1841	2	58	5800	2900	0	2262	348	290	0	172	39.3	4.27	92	13.1			
1542	2	33	8400	3024	252	4462	420	252	0	256	46.6	5.80	80	16.6			
1546	1	72	6500	3186	66	3250	0	0	0	162	61.1	8.41	95	15.8			
1548	2	44	12700	7493	381	3937	254	635	0	328	38.1	4.16	92	13.2			
1549	1	32	6800	2992	68	3196	476	68	0	264	44.8	4.88	91	14.7			
1552	1	56	7100	4970	71	1775	284	0	0	300	43.1	4.77	90	14.3			
1553	1	34	5400	2970	54	1836	216	54	Ō		45.6		96	16.0			
1555	2	43	8100						-		41.6		81	15.7			
1556	2	41	5200	3640	38	1824	52	114	0	253	44.8		99	12.8			
1558	2	36	8000	4080	480	2960	400	160			35.9		83	12.2	4.20		
1559	2	33	8800	3440	0	3870	616	774			42.4		81	12.8	•		
1560	2	63	9200	3220	184	5060	92	644			44.6		97	14.8			
1561	2	69	6700	2747	0	3082	134	670			39.1		98	13.0			
1663	1	50	7000	3780	ŏ	2660	420	140			45.5		96	14.8			
1564	2	37	6900	3450	ŏ	3106	276	69	ŏ		41.2		88	13.4	2.70		
1869	2	31	6800	3740	Õ	2516	408	136	_	206			91	13.2			
1570	2	65	8500	3995	ŏ	3825	610	170			43.0		88	14.3			
1572	1	38	5200	2756	52	2132	104	166	ŏ		49.5		91	16.3			
1573	ì	36	8800	4752	88	3620	88	352	-	~ 1 4		6.23	95	16.5	3.00		
1677	ž	35	9600	4896	96	3840	480	288		307			92	13.3	5.00		
1578	ã	51	9300	6046	279	2325	558	93			46.2			14.6			
	_	-•	5000	5510	~ 10	2020	556	90	U	004	7U. A	U. UB	30	14.0			

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PID	SEX	AGE	WBC	PMN	BAND	ГАМЬН	COMPUT MONO	ER LIS	TING OF BASO P		86 RA HCT	W DAT		нgв	тѕн	PRL	Т4	TPR ALB G	LOB	A/G	CAL
2	1	34	6400	2560	64	3264	128	384			45.0	4 80	00	140	0.00			9 0 4 90	4 0	1 0	10.0
3	ì	34	11700	6669	234	3510	468	819			46.7			14.8 15.6	0.00 244.00	30.4	6.8	8.2 4.20 8.3 4.00		1.0	9.7
4	1	71	7600	3116	ō	3876	304	304			48.8			15.6	4.20	00.4	0.0	8.1 4.10		1.0	8.8
5	1	34	8900	2419	Ō	2637	354	472			39.2			13.3	32.10		6.6	7.2 3.90		1.2	•
7	1	67	4300	1159	0	1849	258	258	258 2				92	13.6	.20		7.5		4.8	. 7	9.5
. 9	1	53	6900	3381	0	3036	207	138	138 1	83	45.9	4.79		14.7	2.70	1.5		7.6 4.10	3.4	1.2	10.0
10	1	56	6700	4221	67	1876	335	67	134 2					14.3	0.00			7.7 3.90			10.0
12 14	2 2	49 57	8200	4920	Ō	2870	164	246	0 2		38.6			13.4	3.90			7.5 3.90		1.1	9.4
15	2	40	6500 11300	3055 5763	, , 0	2925	195	260	65 2		37.4			12.8	4.20			7.8 3.90		1.0	9.8
iĕ	ĩ	72	5300	2756	113	4407 2067	791 371	113 53	113 4		42.8			13.3 13.0	. 30			8.1 3.80	4.3	. 9	9.3
17	2	38	8400	5628	84	1848	252	588			43.6			13.3				7.6 3.80	3.8	1.0	8.6
18	2	54	7400	3478	Ö	3330	222	296				4.63			4.40	18.3	7.4		3.6	i . 2	9.8
19	1	38	4800	3120	_	1104	240	336			46.6			14.2	6.80	••••					
20	1	39	13700		0	1233	685	274	0 2		49.6			16.5	3.40			8.1 4.20	3.9	1.0	10.2
21	2	35	6900	3933	0	2691	69	69	0 2	83	36.7	4.52	81	12.3			12.7	7.3 4.00		1.1	8.7
22	2	48	8500	3185	_0	2665	260	390			39.6			13.0	3.80			7.9 3.60		. 8	9.5
24 27	2 1	46	8100	3519	51	1173	255	102	0 8		44.2			14.4	4.60			8.0 3.60		. 8	9.8
33	2	59 34	10800 8800	3888	.0	6156	648	108	0 2		49.1			17.0	.60	14.0		8.3 3.70		. 8	9.5
34	ã	77	6300	4312 2394	88	3784 3402	352 315	264 126			40.8	3.86		13.4	61.60 5.20	14.9		8.1 3.70 7.8 3.40		. 8 . 8	9.4 9.6
35	ī	46	4500	2790	0	1350	180	180	0 2			4.40		15.1	0.00	4.5		7.8 4.00		1.2	9.3
36	ī	40	7700	4158	ŏ	3080	231	100				4.64		14.7	4.00	4,0	1.6	1.0	• •	~	0.0
37	1	63	5400	2592	54	2376	ö	432				4.22			2.50	1.5	7.8	7.2 3.80	3.4	1.1	9.7
39	2	47	6600	2640	0	2970	396	0	2 11		38.1			13.3	6.50			8.2 3.60	4.6	. 8	9.5
40	1	62	6000	2820	0	2820	240	60	60 3	08	43.2	4.54	96	13.6	3.60			6.1 3.40		1.1	9.2
41	1	74	8300	5561	0	2573	83	83	0 2		37.9				3.40		6.6	8.2 3.60		.7	9.5
42	2	36	8200	4510	0	3198	246	246	0 2		43.3			14.8				8.0 3.80		.9	9.7
44	1	37	6500	3900	o o	1950	485	65	130 2				.82	18.5	2.80	4.0	9.2	7.7 3.70		. 9	9.2
47 49	2	41 49	6000 5500	2940 1485	0	2520	180	300			45.6			18.5	3.50	4.6	0.4	8.6 4.10 8.8 4.10		.9 .9	10.1
61	ž	41	8200	3690	0	3676 3772	110 164	276 574	55 30 0 2		41.4 43.2			13.8 14.8	2.90 12.60		9.4	7.1 3.60		1.0	9.6
63	2	68	7000	3010	ŏ	3430	280	210	70 1		40.9			13.7	1.30			7.3 3.70		1.0	10.1
64	2	63	4700	4002	•	2415	69	414			33.0			11.3	.70	3.3	10.6	7.8 3.60		. 8	9.5
66	2	34	4700	3431		846	282	47	94 3		22.7		92	7.9	45.80		7.7	7.3 3.20		. 8	8.5
66	2	62	7000	2240	0	3990	210	490	70 2		38.7		93	12.9	9.50		9.6	7.6 3.60	4.0	. 9	9.1
67	2	46	7200	3096	0	3168	504	144	144 3	65	39.4	4.34	91	13.6				7.5 3.80		1.0	9.4
71	2	59	8600	3870	0	4300	_86	344	0 2			4.03		13.5	4.00			8.2 3.70		. 8	9.1
72	2	40	9700	5828	97	2910	388	582	97 3		37.6			11.8	16.60	4.0			4.6		10.1
73 74	1 2	51 49	5900 8100	2419 3402	59	3009	413	0			45.8			14.7	. 40	4.2	15.3	7.7 4.00 7.9 3.60		1.1	9.4 9.1
75	ž	44	13100	7860	81 131	3078 3144	405 524	1134 1834	0 3 131 2		46.9	4.43		16.2 13.8	11.60			8.3 3.80		. 8	9.5
78	ĩ	43	6000	2040	101	3240	240	480	0 1			4.64		14.8	4.40	3.3		0.0 0.00	4.0	. 0	0.0
77	ĩ	57	7600	4788	0	1824	760	228			47.6			16.1	4.80	0.0		8.0 3.40	4.6	.7	10.0
78	2	68	7400	3700	ŏ	3404	148	74				3.96		13.9	6.40				4.1	1.0	•
79	1	72	6300	4410	0	1449	315	63			49.4			15.5	2.70		9.8	7.4 3.80	3.6	1.0	8.9
85	1	31	8600	4902		2838	516	344			46.5			16.5	2.00						
86	2	32	5500	3025	0	2090	220	110	55 2		33.7			10.9	3.90			7.6 3.90		1.1	
6	1	34	5900	3245	0	2301	236	118			42.0		_	14.3	3.40	04 *	•	8.2 4.40	3.8	1.1	9.4
46	2	34 66	8200 8400	3526	82	3854	164	492			40.9			13.5	. 10	24.6		7.8 3.80	4.0	. 9 . 8	9.8 9.9
45 48	2 2	38	5400 6400	2268 3776	108 64	2322 2048	324 320	324			36.0 41.1			12.2	3.80			7.7 3.50 7.2 3.50	3.7	1.0	9.2
53	2	40	9400	4512	0	4324	420	64 0	128 2		43.9				9.20	16.2		7.8 3.60		.9	9.8
70	ž	49	-5400	2430	ŏ	1998	270	648			39.2			13.0	0.20			8.3 4.00		.9	9.8
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PID	SEX	AGE	WBC	PMN	BAND	LYMPH	COMPUT MONO	ER LIS			986 R. HCT			нGВ	тѕн	PRL	Т4	TPR	ALB GLOB	A/G	CAL
2102	1	43	6900	3657	0	2622	483	69	89	320	50.8	6.25	97	16.0				7 3	4.00 3.3	1.2	
2103	1	76	6100	3172	305	1952	366	306	ő		41.7		99						3.90 4.0	1.8	
2104	2	66	4800	1920	0	2400	336	96		298	38.1	3.93		12.3	6.40			8.0	4.60 3.4	1.4	
2105 2106_	1 1	78 36	8000	6692 10855	100	2781	721	103			40.6			14.3				8.1	4.10 4.0	1.1	
2102	à	58	18700 14400	7776	167	4175 4896	1002	501 576			49.1			18.4					4 80 4 1	, ,	
21	ĩ	80	5900	3363	ŏ	1888	354	295	144	240 348		4.86	91	13.7 12.3					4.70 4.1 3.90 3.9	1.1	
2/1	2	36	10800	5184	216	3888	1080	324			44.5			14.7					4.50 4.9	.9	
3113	2	37	6000	3480	60	1800	240	360			41.9			13.1					3.90 3.8	1.1	
2114	1	73	6400	3840	128	1792	320	256			46.9			14.4					4.00 4.3	. 9	
2117	2	57	9100	6187	0	2912	364	637	0		49.0			14.7					4.20 4.3	1.0	
2119 2123	2 1	61 46	6300 7200	3465	0	2142	252	378			43.8			14.1					4.10	1.0	
2125	i	68	5400	5112 2754	0	1512 1728	288 594	288 216			45.6		99		7 00			8.2	4.10 4.1	1.0	
2126	ż	41	7300	3723	ŏ	3066	146	292			45.0 39.9		95	15.2 13.2	3.00			7 8	4.20 3.4	1.2	
2129	ã	50	6700	2144	67	3016	670	804			40.6			13.4				1.0	1.20 0.1		
2130	2	36	9300	3634	Ö	2883	651	2232			36.7			12.1				8.4	4.10 4.3	1.0	
2132	2	33	4500	2745	45	1215	135	360			42.4			13.3							
2134	3	33	8300	5229	83	2490	166	332			41.5			13.7					3.70 3.9	.9	
2136 2137	1	37	7200	3816	Ŏ	2592	432	360			47.4			16.0					3.90 3.1	1.2	
2138	1 2	48 38	6100 10300	3660 6180	0 103	1769 2678	306 309	366 103						16.6					4.60 4.1	1.1 1.0	
2139	2	68	6400	1512	103	3528	448	112	_		37.8 43.8			13.5 13.8	5.60				4.20 4.3 4.00 3.8	1.1	
2140	ã	79	7900	4774	•	2079	231	308	-		30.9		92		0.60				3.60 3.6	i.o	
2142	1	38	10900	6867	. 0	3379	109	218			47.3		96						3.70 3.5	1.0	
2143	1	35	5700	3591	57	1482	456	114	67	305	44.5	5.15	86	15.1				7.7	4.00 3.7	1.1	
2144	j	39	8400	4368	0	3612	420	. 0			63.7			17.1					4.40 3.5	1.3	
2145 2147	1	88	5400	3294	Ŏ	1458	432	162			42.6			13.9	2.00				4.00 3.9	1.0	
2148	2 1	37 77	7300 8100	4672 4131	0	2263 2835	292 810	73 243			40.7 39.3			13.7 13.2	3.90				4.00 3.7 4.00 3.7	$\frac{1.1}{1.1}$	
2149	ż	41	8700	2613	ŏ	3350	201	402			39.0		94		3.8U				3.90 3.8	1.0	
2150	ī	45	8300	5063	ŏ	2822	249	166			47.1			14.5	1.00				0.00 0.0		
2152	ì	60	5500	3245	110	1375	275	495			48.5			15.6				8.5	4.40 4.1	1.1	
2155	1	33	9300	6138	0	2790	93	279			49.2		88	15.8					4.60 3.3	1.4	
2156	1	42	8200	3936	164	3690	410	0			55.7			17.4					4.10 2.9	1.4	
2158 2159	2	82 38	5600	2240	Ŏ	3080	168	56			39.8			13.0					4.10 4.3	9	
2160	2	37	7600 5800	3876 2262	0 58	2964 2494	380 290	380 580			42.9			14.3	8.10				4.20 3.6 4.10 4.1	1.2	
2162	2	65	9200	3864	92	4140	0	1104			40.8		89		4.10				3.60 5.3	.7	
2165	ī	43	8200	3444	ő	3936	574	82			44.4			14.8	1.10				4.30 4.0	1.1	
2166	1	70	8600	3640	0	1344	280	336			41.1			13.0	3.10				3.60 3.6	1.0	
2167	1	47	7100	3479	71	2911	284	284			43.8		91						4.00 3.4	1.2	
2171	2	36	8200	6412	0	2214	246	328			42.3		91		. 60				3.80 4.0	•	
2172 2174	ą	46	6900	3864	0	2653	207	207			44.9			13.7	2.30				3.60 4.0 4.40 3.6	.9 1.2	
2176	l i	33 43	8800 6800	5280 3604	88	1848 2584	1066 4 76	616 204			49.3		98	16.5	1.20				5.30 4.2	1.2	
2182	ż	85	5300	2173	ő	2862	265	0			37.8			12.1	2.60				4.60 4.3	i.õ	
2188	ĩ	36	6700	2508	ŏ	1710	684	627			60.3			16.3	2.03						
2189	2	59	8400	6300	168	924	840	168		330	21.9	2.34	94	7.7					3.30 3.8	. 8	
2193	2	64	8600	3696		1624	56	224			31.5			10.4	2.60				3.80 3.6	1.1	
2195	2	67	6500	3640	130	2275	130	260			41.2		85		2.10				4.20 3.3	1.3	
2196	2	71	6600	3300	0	2310	198	792			40.6		90		10.00				4.40 3.9 4.20 3.7	1.1	
2197 2205	2 1	34 62	7200 9500	3168 4465	72 0	3456 4750	288 286	72 0			39.8 47.9		89 88	12.9 13.7	4.00				3.70 3.7	1.0	
2600	*	0.0	3000	-1700	J	4100	200	J	U	500	31.5	J. 70	00	10.1					0.,00.,	•	

PID	SEI	AGE	WBC	PHN	BAND	LYMPH	COMPUT MONO	EN LIS				AW DA'		HGB	TSH	PRL	Т4	TPR ALB GLOB	A/G (
2206	1	88	8500	4676		2975	810	170	,	0.40	40 -	4.95	00	14.4				7.7 3.80 3.9	1.0
2207	i	38	7000	3010	0	3500	910	420	70			5.15	87	13.9				8.0 3.80 4.2	.9
2208	ż	70	10800	8284	ŏ	3240	216	884	216		40.9			13.9				8.1 3.60 4.8	. 8
2209	2	38	9300	8788	93	2139	93	930				4.07	89	12.8				7.9 3.70 4.2	.9
2210	2	33	9500	7410	ŏ	1520	478	96	7.0			4.22		12.4				7.2 3.20 4.0	
2212	2	67	8100	4636	Ó	2754	162	567				2.98	90	8.9	2.50			6.0 2.30 3.7	. в
3213	2	34	8300	3652	0	3984	249	416	Ö			4.40	89	12.6				8.1 3.80 4.3	. 9
2216	2	66	7600	3800	0	2736	380	684	Ó	348	47.5	6.63	84	14.7				8.1 3.70 4.4	. 8
2216	3	67	9000	8210	. 0	2250	90	360	90			4.29	86	12.9				8.8 3.30 8.3	
2217 2220	3	84	6600	3366	132	2640	132	330	132	253		4.45	99	14.2				8.8 3.70 4.9	
2221	2 2	5 <i>8</i> 85	6700 6700	2166	67	3135	0	342				4.63	98	14.8	4 10			8.5 4.50 4.0 7.7 3.30 4.4	
2224	2	84	7100	3192 4615	0 213	1995	399	114	ŏ	273		4.01		12.3	4.10			7.7 3.30 4.4 7.9 4.30 3.6	.7 1.2
2226	ā	39	6500	5006	130	1917 975	355 65	0 195	130			3.55	96 90	11.2 9.4	0.00			7.6 3.30 4.3	. 8
2226	2	34	8900	3658	89	1652	295	118	118		35.8		86	12.1	2.00			7.0 3.30 3.7	. 9
2227	2	37	10200	6630	Õ	2448	812	408				3.72	74	9.1	2 .00			7.4 3.20 4.2	
2228	2	41	11600	6380	ŏ	3828	580	696				4.72		13.2				9.2 5.00 4.2	
3339	2	51	8200	8248	82	2050	674	246	0			4.48		13.7				7.1 3.60 3.6	
2230	2	45	7200	4536	144	1872	72	576	ŏ			5.05		14.4	1.50			8.0 4.40 3.6	1.2
3231	2	34	8700	5655	87	1740	348	0	261			5.26	84	14.7				8.6 4.40 4.2	
2232	ı	36	8800	3608	0	3872	792	440	88			6.32		16.7	5.80			7.4 4.10 3.3	
2233	1	33	8500	4505	86	3485	85	340	0			5.44		17.3				8.7 4.80 3.9	
2235 2236	į	40	6700	3360	0	2814	67	402	67			6.26		14.7				7.8 4.30 3.6	
2237	1	44 39	9200	6428	Ŏ	3588	0	92	92		42.6			14.9				8.8 4.50 4.3	
2239	1 2	36	6300 5300	2772 2703	0	2961	378	63	126			4.56		14.3	* 00			8.0 4.40 3.6	1.2
2242	ī	33	5700	3306	0	2014 1883	106	477 285	=		81.3	3.73		11.2 15.9	3.20			8.0 4.50 3.5	1.3
2244	ż	77	5000	2400	50	2050	399 60	450	0	270		4.09		12.3				8.1 3.70 4.4	_
2245	ī	33	7700	2695	ő	3850	847	231	77			5.15		18.1				7.8 4.50 3.3	
2247	ž	41	8200	4610	ŏ	2706	738	246				4.29						7.7 3.90 3.8	
2248	2	48	8900	3916	Ō	2848	445	1613		248		5.45	83					8.1 4.20 3.9	1.1
2250	1	43	8600	3784	O	3870	258	603	86	353	47.1	5.38	88	15.8				7.7 4.80 2.9	
2251	2	38	10200	6426	0	2856	306	610				4.98	75	12.5				8.2 4.00 4.2	
2264	2	37	5800	3074	0	1740	174	696				4.66	74					8.3 3.80 4.6	_
2255	2	33	7400	3922	. 0	2886	296	74				4.82						7.1 3.60 3.5	
2266	2	38	6400	2944	128	3328	0	. 0	0			4.23		12.8				7.3 3.80 3.7 7.9 4.40 3.5	
2257 2260	1 2	40 33	6900	4968	69	1380	276	138				5.55	82	16.8				7.9 4.40 3.5 7.6 4.10 3.5	
2261	1	58	8300 5200	3486 3224	166 104	3984 1404	332 416	332 52	0			4.45 5.13	95 94	14.3 16.2				8.0 4.30 3.7	
2269	•	32	13200	9372	104	3036	660	132				6.00	97					7.6 4.40 3.2	
2271	i	32	7900	2923	ŏ	3950	711	318				5.39	90		3.60			8.5 5.00 3.5	
2273	i	33	7100	2414	ŏ	3908	639	142				5.89		17.1	1.20			8.5 4.90 3.6	
2274	ī	32	7600	3268	78	3724	380	76				8.41		15.4	•			8.1 4.50 3.6	1.2
2276	i	33	10200	3876	Ŏ	5610	102	408				5.75	92	18.1				9.5 5.50 4.0	
805	2	33	7800	4524	234	2106	312	624	Ö	343	35.4	4.00	88	11.3				6.7 3.20 3.6	. 9
812	2	32	8500	6290	1360	425	340	85	Ō			3.30		10.5					
818	2	37	5200	2704		1924	104	416	62	143	32.2	3.93	82	11.1				6.7 3.70 3.0	
821	2	38			_				_			<u></u> .						6.6 3.30 3.3	
823	1	43	6700	428B	Ö	1943	201	201				4.45		14.4				7.0 4.00 3.0	
825	2	45	7000	2660	0	4060	280	0	0			4.61		13.6				8.0 3.70 4.3 9.2 4.00 5.3	
826	2	50	4400	2200	132	1320	396	352				4.29		12.3				8.7 3.80 4.9	-
829 830	2 1	49 48	6800 6800	3468 4964	204	3060 884	204 204	0 644	88			3.88 4.39		12.6 15.0				7.2 3.70 3.6	
831	1	46	9300	3534	204	4557	204 658	372	_			4.87		15.8				8.3 3.70 4.5	
001	ı	70	9000	0003	U	7007	000	016	219	UEU	40.0	4.07	90	10.0				J. J. J J	

COMPUTER LISTING OF 1986 RAW DATA

							COMPUT	PR LIS	TING O	F 19	986 RA	W DA'	ГА								
PID	SEI	AGE	WBC	PHN	BAND	LYMPH	MONO	EOS	BASO		HCT	RBC		HGB	TSH	PRL	T4	TPR ALB GLO)B A	/G	C
1526		56	8100	4698						*^-	78 0	4 00						7.6 3.80 3	a 1	.0	ŀ
	•				0	2611	243	567	81	- :				12.7				7.4 4.30 3		.4	
1629	1	39	11600	8004	116	2784	232	464		183				16.3							
1841	2	69	5800	2262	0	3016	174	290	0	338	40.5	4.51		12.6				7.8 4.20 3		.2	
1542	2	33	9100	5096	0	3367	548	0	91	206	41.7	5.17	81	14.3				7.1 3.90 3		. 2	
1546	1	73	9900	3366	0	6448	99	891	99	210	47.2	4.76	99	15.9				7.2 4.00 3		. 2	
1548	2	48	12000	4880	120	2880	480	3120				4.50	91	13.2				7.8 3.70 4	. 1	. 9	
1652	ī	87	6500	3676	0	2535	195	195						14.8	1.90			10.4 5.90 4	. 6 i	1.3	
1663	:	35	10000	6300	100	3700	500		_					13.9	1.00			8.2 4.70 3		1.4	
1555		-						200										7.8 4.20 3		i . 2	
	2	44	8300	6063	0	2656	418	166		260				15.6				7.4 4.00 3			
1866	2	43	4100	2009	82	1668	205	246	0	288				12.9	8.30					1.2	
1658	2	36	6200	2356	0	2728	682	372	62	248	44.8	4.55	98	14.0	2.40			7.4 3.80 3		1.0	
1559	2	34	9000	4050	180	4410	270	90	0	275	40.3	4.89	82	12.4				7.8 3.90 3		1.0	
1563	1	50	6000	2820	80	2940	60	120	-	236		5.15	92	15.1				8.0 4.40 3	.6 1	1.2	
1884	2	38	8200	3936	ŏ	3116	246	902	-	323				13.8				8.0 3.90 4		1.0	
1566	~	36	9600	0000	U	3110	UFA	804	v	080	37.0	7.70	80	10.0				• • • • • • •			
	-			2000	_				_			4 00	٠.					13.2 6.30 6	۵	. 9	
1670	2	85	8800	6072	0	2200	264	264	_					14.3							
1672	1	38	7400	3652	370	2690	666	148	148	218		5.21						7 5 4.30 3	. 74	1.3	
1673	1	36	7500	3525	0	3300	525	150	0		50.2	5.26	96	17.4							
1577	2	36	10400	5616	208	3744	416	416	0	355	46.5	4.80	97	13.8				8. 6 4.20 4	. 4	1.0	ŀ

PID	SEX	AGE	WBC	PMN	BAND	LAMBH	MONO	EOS	BASO		HCT		C H	CV	HGB	TSH	PRL	T4	FBS	HBAl
2	1	34	8200	4592	o	2542	164	820	82	225	43.9	4.5	4	97	15.2			14.8		
3	1	34														44.90				
4	1	71	5800	1972	58	3421	290	0	58	270	43.1	5.0	2	86	18.5	1.50			229.0	16.
5	1	34	5400	1944	0		648	324	0	190	44.3	4.7	1	94	14.0	51.40				
7	1	67	6100	1525	0	3782	549	183	61	365	39.2	4.1	6	94	13.1			18.3		
9	1	53	8800	5280	0	2904	264	264	88	175	43.9	4.5	9	96	18.0	1.60				
10	1	56	6800	4556	0	1836	272	0	136	255	46.0	6.3	4	86	15.1	. 20		8.3	131.0	8.
12	2	49	5900	2006	118	3540	177	59	0	290	35.1	3.8	1	92	13.3	1.80				
14	2	67	7100	3053	0	3763	213	71	0	230	36.9	3.7	2	99	12.9	3.40				
15	2	40	11200	6272	0	3136	784	0	112	325	41.0	4.3	4	94	13.2	3.40				
16	1	72	6100	2867	61	2867	305	0	0	195	41.1	5.5	8	74	13.4	. 30				
17	2	36	8100	4293	0	3402	81	324	0	290	40.5	4.5	3	89	14.0					
18	2	54	6800	3400	0	2584	204	612	0	255	38.3	4.1	2	93	13.2	2.10		14.2		
19.	1	38	9100	6916	0	1729	364	0			41.5			74	14.4	302.00			92.0	
20	1	39	9000	4500	0	3330	450	630	90	275	48.4	5.4	4	89	16.1	1.10		10.2		
21	2	35	6200	3536	0	1456	104	104			33.4			86	12.1					
22	2	48	5300	2703	0	2120	318	106			37.1			96	13.2	. 50			106.0	
23	1	36	7200	3600	0	3384	72	144	0		45.0				18.0	7.60				
24	2	46	6600	2310	0	3564	594	66	66	340	42.6	4.8	5	88	13.8	.20				
27	1	59	9900	3861	0	4059	594	1386	0	145	43.4	4.3	2 1	00	15.6				105.0	9.
33	2	34	6600	3432	0	2970	132	66	0	320	38.6	4.0	0	84	13.1	32.80				
34	2	77	8600	6332	0	2838	258	0	86	240	38.4	3.0	9 1	04	12.6	10.00				
38	1	40	6300	2394	0	3213	630	63	0	220	37.1	3.9	6	94	12.5	9.60				
37	1	53	6500	1980	0	3080	86	330	55	203	42.2	4.3	6		14.1	2.10				
39	2	47	7100	4473	Ó	2343	71	Ō			38.7			95	13.5	2.20				
40	1	62	8100	3807	0	3888	324	81			39.6			95	13.7	3.10				
41	1	74	6700	4355	0	1675	636	134			40.5			95	13.1	3.40				
42	2	36	11000	7150	220	3410	110	0			35.8			08	12.6	3.70				
44	1	37	8400	2856	0	4116	252	1008			42.1				14.4	8.10		8.7		
47	1	41	8300	3403	Ō	4067	498	166			44.4					. 50				
49	2	49														1.60				
61	2	41	7600	4484	0	2888	0	608	0	295	45.3	5.0	6	90	18.5	. 30			349.0	
63	2	68	6500	3640	0	2275	195	195			38.2			92	13.8				103.0	3.
64	2	63														80.00				
66	2	34	7100	4616	0	1704	639	0	142	270	36.0	3.8	7	93	11.9	10.80				
66	2	62	7100	3083	71	3337	284	284			38.0				13.0	3.00				
67	2	46	6600	3696	0	2178	462	198	66	260	38.8	4.1	1	94	13.6	. 60		9.2		
71	2	59	7400	4614	74	2368	74	370			38.4			94	13.0	2.80				
72	2	40	6700	3591	57	1824	228	0			39.0					131.00				
73	1	51	6600	3894	0	2244	264	198	0	205	46.0	4.8	1	94	18.2	. 10				
74	2	49	10900	5668	0	4033	545	848			43.9			89	16.2					
75	2	44	10400	5408	0	3640	416	936			40.6			93	13.8	10.80				
76	1	43	8300	2324	Ō	5478	249	166			45.0				15.0	2.80				
77	1	67			_						-					1.90				
78	2	68	8500	4080	0	3400	680	340	0	235	40.6	4.2	В	96	12.5	. 10				
79	1	72														1.60			137.0	1
83	1	32	6500	1560	0	4095	130	715	0	175	48.1	4.7	7 1	101	16.8	4.70				
86	2	32	6600	4160	Ō	1495	325	390			37.8				12.2	2.40				
6	ī	34	6700	2793	ŏ	2223	570	57			41.7				14.6	2.60				
8	2	34	11300	7910	ŏ	2938	113	339			42.3				14.6					
46	ã	65	7400	4810	74	1924	222	518			36.2				12.7					
48	2	38	6300	2809	63	2173	106	63			37.7				13.3	1.80				
63	2	40											-	-		. 80				
70	2	49	4800	2400	0	1920	48	432	0	175	37.1	4.4	4	84	12.8					

COMPUTER LISTING OF 1987 RAW DATA

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	PID	SEX	AGE	WBC	PMN	BAND	LYMPH	COMPUT	ER LIS	STING O BASO			AW DA'		HGB	TSH	PRL	T4	FBS
•	81	2	41	8100	3646	0	3159	162	1063	81	215	40.0	4.34	92	13.4	.60			
	2102	l	43	8100	3888	0	2916	891	243	162	306	44.9	4.66	96	15.6	1.40			87.0
	2103	1	76	16800	12600	672	2820	504	336	168			3.95	98	13.2	1.20			88.0
	2104	2	88	5900	3422	0	1829	531	118		215	39.2	4.11	95	13.0	5.00		5.4	121.0
	2105	1	78	10800	6804	0	2700	786	640				4.73		14.2	. 30			
	2107	2	58	16200	8262	0	6966	486	324				4.83		13.4	2.20			154.0
	2108	i	43	6900	4209	207	2208	138	138				4.83		16.3	2.10			96.0
	2110	1	80	7300	3723	0	2701	385	366				3.37			3.10			
	2111 2113	2 2	36	21700		0	3038	1302	1085				5.63		18.5	3.00			004 (
	2114	î	37 73	8900 8200	4183 5822	0	4272 1640	267 246	178 164				5.41	82		1.90			274.0 280.0
	2117	à	87	11200	5152	82 0	5040	336	448			41.6	4.69	88 93		1.60 3.40			221.0
	2119	2	ő í	8600	4816	ŏ	3354	172	110				4.71		13.7	1.50			201.
	2126	2	41	7800	6162	ŏ	1560	110	0				4.22	91	12.5	.70			
	2129	ã	50	7400	4884	74	1554	370	370				4.12		12.0	2.90			363.0
	2130	2	35	6100	3660	Ö	1952	122	366				3.87		12.0	1.00	12.1		
	2134	2	33		0000	•			700	•			0.0.	-		1.40	•		
	2136	1	37	7100	2911	0	3550	355	284	0	220	45.8	4.74	97	16.1	1.50			
	2137	1	48	6500	3445	Õ	2600	195	195				4.38		13.6	1.50			
	2138	2	38	7600	5400	0	1575	300	150				3.47		11.2	1.30			
	2139	2	68	6000	3660	0	1680	300	360	0	425	36.2	3.85	94	12.4	4.00			
	2140	2	79	5700	3705	0	1539	285	171	0	260	28.0	3.18	91	9.9	5.40			
	2142	1	38	8200	4428	0	2542	984	164				4.47		14.8	1.90			
	2143	1	36	14700	8232	0	6174	0	147				5.09			3.40			92.0
	2145 2148	1	65	5200	2860	0	1768	260	208	104			3.73		12.5	2.00			
4 0	2148	1	77	6500	3055	0	2730	390	195				3.94		12.6	4.30			
	2149	2	41	7600	3800	0	3116	76	456				4.03		12.3				
	2150	1	46	8400	5208	0	2436	688	168				5.61		16.5	1.70			256.
	2162	1	50	6100	4331	0	1464	244	61				4.38		14.6	1.30			79.0
	2153	1	34	5500	2585	Ŏ	2200	440	166				8.05		14.0	2.80			100
	2155 2156	1	33 42	5900 6100	3068 2196	0	2360 3599	354	118 0	0	310	43.6	5.24		14.9	1.00			100.0
	2158	1 2	62	6400	2752	ŏ	2944	244 384	320				4.87		17.4	.90 1.70			OB .
	2159	2	38	7400	4292	222	2220	592	74				4.86		13.3 14.9	1.90			
	2160	ã	37	6500	3445	0	2340	650	65	-			4.72		14.4	8.50			233.
	2162	2	65	11100	7659	ŏ	2331	888	111				4.13		12.3	4.30			200.
	2166	ī	70	10800	5508	216	4752	216	324				5.00		15.4	3.50			
	2167	ī	47	10300	6253	Ö	4120	824	103				6,08		15.5	1.10			
	2170	ī	74			-		••		•									
	2171	2	35	8300	5312	0	2573	332	0	83	235	40.2	4.48	90	13.4			10.3	
	2172	2	45	6400	3136	Ŏ	2624	448	128				4.57		13.6	. 40			206.
	2174	1	33	9000	5490	0	2430	720	180	180	280	46.5	5.16	90	16.0	1.80		8.4	
	2176	1	43	7300	3869	0	2993	365	73				4.62		15.1	1.40			167.
	2182	2	85	5500	3190	0	2255	0	0				3.66		12.1	2.90	19.9		
	2188	1	36	10500	7875	0	1890	735	0				5.38		16.3	1.70			
	2193	2	64	5700	3819	0	1639	. 0	228				3.36		10.8	3.70		<u>.</u> .	87.
	2196	2	57	5700	2907	0	2394	114	228				4.49		12.8	1.20		9.4	
	2196	2	71	7100	4189	0	2769	71	71				4.20		12.7	. 30			124.
	2197	ş	34	6700	3484	0	2680	134	268				3.74		12.0	1.30			000
	2205	1	62	8000	4240	Ŏ	2960	860	240	Ŏ	305	45.0	5.32	85	14.7	1.00			207.
	2206	1	65	6000	3060	0	2100	600	240	0	240	40.4	4.49	90	14.2	. 90			181
	2207	1	38	8000	3040	0	3760	400	720				5.33		15.0	1.80			151.
	2208	2 2	70 38	10100 8400	7777 4638	0	1717	101	404 336				3.98		12.6	5.60			289.
	2209	4	20	0400	4536	U	3444	84	330	υ	370	37.1	4.18	69	13.1	1.50			

2210								COMBIN	***	TING (7F 1	ດ <u></u> ያን ፣	. W T	Ama						
1	PID	SEX	AGE	WBC	PMN	BAND	LYMPH								HGB	TSH	PRL	T4	FBS	HBA1
2213 2 87 28200 24948 0 3071 166 332 0 208 0 208 83 89 12.2 90 222.0 10.0 22115 2 348 8300 4968 0 3138 392 1274 0 288 61.4 4.69 88 11.2 1.00 292.0 10. 282.0 10. 288 679 0 385.0 776 4.48 88 11.2 1.00 98.0 8.8 279 0 385.0 776 4.48 88 8600 3350 0 1422 182																				
2213 2 34 8300 4648 0 3071 168 332 28 36 35, 36 38, 36 38, 36 38, 37 38 38, 38,									_			39.8			13.4					
2216 2 66 9800 4998 0 3136 392 1374 0 285 40.4 4.98 86 14.0 222.0 10. 222.0 10. 2317 2 64 7400 4614 0 3889 386 879 0 365 37.6 4.13 91 13.2 2.00 90.0 8. 2321 2 68 8900 8533 0 1462 1462 86 82 80 80 85.8 4.08 94 13.2 2.00 90.0 8. 2321 2 88 8900 8533 0 1462 1462 86 82 88 890 85.8 4.08 94 13.2 6.40 4.6 2321 2 88 8900 4628 0 3080 1 1462 1462 86 82 88 890 85.8 4.08 94 13.2 6.40 4.6 2322 2 82 2 34 8900 8533 0 1462 1462 86 82 88 890 85.8 4.08 94 13.2 6.40 4.6 2322 2 34 8900 8533 0 36 88 890 85.8 4.08 94 13.5 5.9 4.0 8 89 15.2 6.40 4.6 2323 2 34 8900 8533 0 36 88 884 146 73 370 35.6 4.08 84 12.8 11.70 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.										_									81.0	
3216 2 67 9700 6044 0 3888 888 679 0 385 37.6 4.11 85 13.2 2.00 98.0 8. 22230 2 88 6000 3830 0 1482 198 132 280 28.9 4.00 95 13.2 4.00 4.6 90.0 8. 2321 2 86 8600 5530 0 1482 188 288 39.0 89.4 13.2 4.00 4.6 4.6 4.6 4.6 4.6 4.6 4.6 4.6 8.6 288 39.0 8.0 4.6 5.0 4.6																. 90			000 0	
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2248 2 48 8 5500 4845 0 3995 510 428 598 285 283 42.8 5.05 8.4 14.5 244.0 11. 2251 2 38 6600 4886 0 1518 330 66 66 426 32.9 4.41 75 10.8 5.30 2254 2 37 6000 3180 0 2400 380 60 0 37.4 4.54 82 12.7 4.10 2254 2 37 8000 3180 0 2400 380 60 0 37.4 4.64 82 12.7 4.10 2255 2 33 8500 3740 0 3825 510 170 170 185 3.5 4.84 90 14.3 1.40 2256 2 38 7800 6582 0 20.88 234 186 0 420 38.8 4.39 88 13.2 1.10 380.0 12.2 1.10 <td< td=""><td></td><td>_</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		_				-														
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2281						_										1 10			244.0	11.
2284 2 37 6000 3180 0 2400 360 60 0 170 170 185 43.5 4.64 82 12.7 4.10 2285 2 33 8800 3740 0 3828 510 170 170 185 43.5 4.84 90 14.3 1.40 2285 1 40 7400 3774 0 2738 666 74 74 228 46.3 5.21 87 15.0 .70 2280 2 33 8100 3807 0 3728 324 182 81 380 40.0 4.85 88 14.7 1.10 2280 1 1 88 5800 3422 0 1508 822 348 0 190 50.6 5.49 92 16.0 2.90 2288 1 32 7100 3905 0 2201 852 142 0 175 48.6 5.63 86 17.0 1.70 2280 1 32 7800 4446 0 2652 468 186 78 265 46.0 4.78 96 16.0 2.00 6.9 2271 1 32 8100 4293 0 2997 486 243 81 380 48.5 5.16 90 16.8 2.00 6.9 2274 1 32 7000 2240 0 4130 420 70 70 228 46.5 5.85 16. 90 16.8 2.00 172.0 10. 2274 1 33 10200 6916 0 3670 610 102 102 200 47.0 5.51 91 16.7 1.90 179.0 8. 2277 2 33 806 2 33 5100 2040 0 2550 204 306 0 335 38.0 4.34 81 12.1 811 2 33 9000 3240 0 5400 90 180 90 276 38.5 3.89 99 14.2 1.80 816 2 37 6900 3284 0 2415 652 0 69 230 40.8 4.57 89 13.8 8		-				-														
2286 2 33 8500 3740 0 3826 510 170 170 185 43.6 40.0 14.3 1.40 2286 238 7800 5382 0 2028 234 186 0 420 38.8 4.39 88 13.2 1.10 380.0 12.2 2260 233 8100 3807 0 3728 324 162 81 360 40.0 4.85 88 14.7 1.10 9.2 2281 281 360 40.0 4.85 88 14.7 1.10 9.2 2282 281 360 40.0 4.85 88 14.7 1.10 9.2 2282 281 360 40.0 4.85 88 14.7 1.10 9.2 2282 238 180 41.9 20.0 4.10 2.90 2882 48.0 0.190 80.6 5.40 88.1 17.0 1.70 1.00 2.00 2.00 2.00 2.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td>300</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						_					300									
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2261 1 58 5800 \$\frac{3}{422}\$ 0 \$\frac{1508}{1508}\$ \$\frac{52}{348}\$ 0 \$\frac{19}{90}\$ \$\frac{1}{120}\$ \$\frac{1}{		_				_												9.2		
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2271 1 32 8100 4293 0 2997 486 243 81 360 46.5 5.16 90 16.8 2.00 172.0 10. 2273 1 33 9700 5238 0 2619 1455 291 97 325 61.6 6.04 86 17.7 1.50 2276 1 32 7000 2240 0 4130 420 70 70 225 45.5 6.36 86 16.3 1.30 179.0 8.2 2277 2 33 10200 6916 0 3570 510 102 102 200 47.0 5.51 91 16.7 1.90 179.0 8.2 2277 2 33 5100 2040 0 2560 204 306 0 335 35.0 4.34 81 12.1 1.70 8.2 1.70 8.2 1.70 8.2 1.70 8.2 1.20 8.2 1.80 9.2 1.80 9.2 1.80 9.2 1	2269	1	32	7800	4446	Ó				78	265	48.0	4.7	8 96	16.0	2.00		6.9		
2274 1 32 7000 2240 0 4130 420 70 70 225 45.5 5.35 85 15.3 1.30 2276 1 33 10200 6916 0 3670 610 102 102 200 47.0 5.81 91 16.7 1.90 179.0 8.22 2277 2 33 6100 2040 0 2580 204 306 0 335 38.0 4.34 81 12.1 811 2 33 9000 3240 0 6400 90 180 90 276 38.5 3.89 99 14.2 1.80 815 1 37 6700 2850 0 2337 342 171 0 205 46.3 8.06 92 15.6 816 2 37 6900 3864 0 2415 652 0 69 230 40.8 4.35 91 13.6 818 1 36 7300 3285 0 </td <td></td> <td>1</td> <td>32</td> <td>8100</td> <td>4293</td> <td>0</td> <td>2997</td> <td>486</td> <td>243</td> <td>81</td> <td>360</td> <td>46.</td> <td>5 5.1</td> <td>6 90</td> <td></td> <td></td> <td></td> <td></td> <td>172.0</td> <td>10.</td>		1	32	8100	4293	0	2997	486	243	81	360	46.	5 5.1	6 90					172.0	10.
2276 1 33 10200 6916 0 3570 610 102 102 200 47.0 6.51 91 16.7 1.90 179.0 8.277 2 33 10200 6916 0 3570 610 102 102 200 47.0 6.51 91 16.7 1.90 1.70 <td< td=""><td></td><td>1</td><td></td><td></td><td></td><td>0</td><td>2619</td><td>1455</td><td>29 i</td><td>97</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		1				0	2619	1455	29 i	97										
2277 2 33		-				0		420												
806				10200	5916	0	3670	510	102	102	200	47.0) В.	1 91	18.7				179.0	8.
811 2 33 9000 3240 0 6400 90 180 90 276 38.5 3.89 99 14.2 1.80 816 1 37 6700 2850 0 2337 342 171 0 205 46.3 8.06 92 15.6 818 2 37 6900 3864 0 2415 652 0 69 230 40.8 4.57 89 13.6 818 1 36 7300 3285 0 3677 148 292 0 370 39.8 4.35 91 13.6 822 1 41 6100 3233 0 2257 122 427 61 180 42.5 4.74 90 14.5 823 1 43 7300 4599 0 1971 219 438 73 220 42.6 4.34 98 13.8 826 2 45 8900 5963 0 2403 534 0 0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td></td><td></td><td>1.70</td><td></td><td></td><td></td><td></td></t<>						_				_						1.70				
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831 1 46 6600 2904 0 2904 330 462 0 340 46.0 4.84 96 16.3										_									95.0	12.
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PID	SEX	AGE	WBC	PMN	BAND	LYMPH	COMPUT MONO	ER LIS	TING OF BASO PI			TA E MCV	нgв	тѕн	PRL	T4	FBS	HBA1C
833 834	1	54 53	5000 6700	1750 3685	0	2950 2546	50 335	100 134			.2 5.23		14.6					
835	ż	63	6200	2418	ŏ	3348	248	62			.0 4.99		15.0 15.0				218.0	6.7
838	ī	54	7100	3834	ŏ	2982	71	213			.8 4.76		16.0				89.0	
. 839	2	69	9900	2673	99	6336	693	99			.2 4.52		15.1				114.0	
841	2	54	10900	7957	0	1962	872	327			.1 4.06	89	12.8	1.80			109.0	
843	2	58	7200	3024	144	2808	360	864	0 23	5 36	.2 3.93		13.0					
844 845	2 1	68 57	5400 7400	2538	0	2538	162	162			.2 4.41		12.8					
851	2	77	6200	4218 3906	0	2220 1922	740 186	222 310			.0 5.08		14.3 11.9				159.0	8.3
867	2	58	6800	2652	ŏ	4012	100	136			.5 4.69		14.1				187.0	
881	ĩ	54	7700	4820	ŏ	2156	616	184			.4 4.84		13.9				118.0	
882	1	54	6200	3658	0	1984	434	124	0 18		.6 5.04		14.8				108.0	7.1
883	1	76	6800	2584	0	3672	408	136	0 20		.8 4.24		14.3	3.40				
888	2	57	7500	3976	0	3225	225	0			.7 4.36		13.8					
891 896	2 2	38 47	7400 7100	4218	0	2960 2698	74	148	0 40		.4 3.90		12.1					
909	2	37	8100	3124 3240	0	3888	710 406	568 486			.2 4.26 .5 4.29		12.5 13.4					
911	2	34	5800	2610	ŏ	2610	232	174			.0 4.76		13.3					
912	ī	34	7600	3344	ŏ	3268	456	466			.2 4.62		14.0					
914	2	52	9500	6080	Ō	2375	0	1045			.7 4.16		12.7					
917	1	86	11500	7015	0	3680	675	115	115 27	0 32	.7 4.01	82	11.7				152.0	8.0
920	1	55	8800	4762	88	3608	264	88	0 16		.4 4.41		14.6				139.0	
922 925	2 2	62 36	12100 8900	4719 4628	121	6171 3293	242 89	847	0 39		.5 3.94		13.2					
928	2	74	4700	1833	ŏ	2256	0	801 611	89 40 0 21		.3 4.75 .7 2.99		13.1 10.2					
931	ĩ	33	5100	2295	ŏ	2142	459	153			.7 4.62		15.3					
932	ā	62	8000	3920	ŏ	3120	320	480			.1 3.52		11.8					
934	2	62	7500	2850	150	3375	450	376			.1 5.01		14.5					
938	2	54	7800	4368	Ō	2808	390	234	0 17		.2 4.51		13.0	3.70				
939	1	41	8900	6408	0	1968	356	356	178 28		.9 5.01		15.0					
941 942	2 2	86 72	6900 4800	4278 2256	0	2415 1968	69 288	0 288	138 33	5 38	.5 4.14	93	12.6			10.9	91.0	6.2
944	ī	62	8100	3402	ŏ	3402	810	486	0 28	B 43	.0 3.76	93	12.3 15.4			10.8	91.0	0.8
955	â	35	6300	3087	ŏ	2772	63	378			.0 3.98		12.8					
958	1	55	10500	5670	210	3255	316	945	0 32		.8 4.04		12.4					
960	2	35	11900	7378	0	3689	595	119			.3 3.81		11.8					
963	1	59	9100	6278	0	3186	91	546			.14.71		14.6					
965	2	43 55	8900	5340	0	2581	267	712	0 34		.9 4.14			2.40				9.6
966 969	1	69	7900 8800	5451 5896	79 0	1501 2288	316 264	474 352	79 50 0 31		.7 3.76		12.4					
970	ż	73	7400	4144	ŏ	3034	0	74	148 18		.6 2.60		13.8 8.8					
971	ī	44	7700	3927	ŏ	3003	154	308			.4 4.97		14.2					_
980	2	34	5700	2337	Ō	2907	171	228			.8 4.64		13.9	.90			4	
981	1	33																
993	2	40	6200	1736	0	4030	310	62			.7 4.84		14.2					
998	2	39	6700 7800	4020	Ŏ	2345	201	134			.0 4.62		14.3				218.0	9.2
1001 1007	2 1	53 70	7800 6000	5226 3960	0	2262 1740	234 180	78 120			.3 5.39		15.1			13 4	124.0	7.5
1036	i	35	5700	1767	Ö	3363	513	120 57			.6 4.06 .7 5.68		12.6 16.8			13.6	1434.0	, ,,,
1500	i	56	10000	5200	ŏ	3700	900	100			.7 4.67		13.1				120.0	11.6
1519	ī	44	8900	6230	ŏ	2492	178	ő			.8 4.90	93	18.7					7.1
1620	2	56	8300	5229	Q	2739	83	83			.9 4.94	85	14.3				287.0	10.3
1524	1	44	10300	5871	0	4017	206	206	0 22	5 44	.1 4.65	95	15.1					

	PID	SEX	AGE	WBC	PMN	BAND	LYMPH	COMPU	TER LIS EOS	TING BASO				TA MCV	HGB	тѕн	PRL	T4	FBS
	1526	,	56	13100	6943	0	4061	524	1310	282	288	41.9	4.85	90	14.3				101.0
	1633	i	34	.0.00	0010	·	1001	0.01	1010	200	200			•	• • • •				
	1841	ż	59	7900	4187	0	3081	158	316	158	190	38.3	4.28	89	13.3				
	1546	ĩ	73	8100	3660	6Ĭ	2135	183	61			44.6			16.0				207.0
	1548	2	45	11200	6048	672	2688	224	448			34.0		91	12.2				
	1552	1	67	6100	2989	Ö		122	183	122	220	41.0	4.88	90	14.0				
	1653	1	35	8000	3680	0	2880	720	640	80	260	42.7	4.38		14.4				
4	1555	2	44	8400	4788	84	2940	252	168	168	250	43.9	5.56	79	14.9				
43	1556	2	42	6700	1876	0	4221	536	0	67	236	41.0				4.40			0.5
	1557	1	39	8400	3948	0	3360	262	840	0					13.2				95.0
	1559	2	34	9800	4018	196		784	98	0		40.5			13.4				
	1560	2	63	7900	3713	0		553	79	0		43.9			14.7				
	1561	2	69	8000	4960	0	2320	400	320	0	330				13.0		-		
	1564	2	38	10600	4028	0		530	318	212					12.9				
	1565	1	42	8400	3948	Ō		84	672			46.2			15.8				
	1687	2	33	5200	2756	0	2028	104	208	104	265	35.3	4.04	87	11.8				
	1577	2	36			_													217.0
	1578	2	51	7400	2738	0	3182	1184	148	148	330	44.4	p.16	86	16.4				w11.0